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THE CANADIAN

WELFARE

SUMMARY

AUGUST - SEPTEMBER

Leading Articles

Welfare Services in Wartime

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The Canadian Welfare Summary

VOL. XV

OTTAWA, SEPTEMBER 1939

No. 3

Steadiness, Greatest Service to State in Wartime

A Special Statement from the Canadian Welfare Council

THE Honourable the Minister of Labour, in his broadcast to the Canadian people on September the 3rd, stressed the value of remaining calm and carrying on our daily tasks and household duties as normally as possible. No saner or more practical advice could be given to the civilian social services to-day, for the ways of life are not going to change abruptly for the Canadian people, under the particular conditions of the war which we are now entering. It is not likely that the havoc of war will touch us soon or widely, nor even that any large numbers of our men will early enter upon hazardous service. Every indication is that even enlisted men will be living, for some months to come, in conditions approximating to civilian life. Primarily, the English, French and Polish peoples will bear the brunt and immediate cost of preserving those liberties, whose defence now binds us in a common cause.

Under these circumstances, our obligations should be clear—the assurance through the recognized agencies for war emergencies of every possible help to those who are suffering in our stead, and the maintenance of civilian life and service on the home front. For the service of the citizen to the state is a continuing one, to be intensified rather than violently changed in times of stress.

The ablebodied and the usable people will probably move rapidly into the gainful occupation and the maintenance of internal security. On the whole, Canada's contribution in this war, at least for months to come, will be made by her citizenry, with every man and woman giving of their utmost in the consciousness that modern warfare calls for active service in the second lines of the home front.

This being so, the duty of the civilian social services is to continue to man, in war as in peace, those posts, at which they stand guardians of the public weal. For life will go on: children will be born, and life and death move on in its regular cycle. Hospitals and nursing services

must continue to care for the sick and dying. The child caring and protection agencies must allow no child's cry to go unheard in the crash of war. The family agencies must steel themselves for the strains and shock of these times upon the fabric of home life. Those who seek out the blind, the crippled, and the handicapped will have added duties in a day that demands primarily the services of the sturdy and fit. The leisure time and recreation services must rapidly adapt themselves to the rush of population to munition centres, and the concentration of young men in the artificial conditions of camp and training hostels. The Councils of Social Agencies must be alert in conference and planning of their communities' resources to meet, not so much a changing as an intensified challenge, and the Federations and Community Chests must, at once, adapt their budgets and campaigns to these altered and enlarged needs.

Canada becomes not an armed camp, but a people grimly straining their citizen strength to all its power.

The maintainance of morale among the thousands in their care depends upon the civilian social services remembering that our greatest service to the state in this hour is steadiness and sanity as we go about our ordinary tasks.

F. N. STAPLEFORD, *President*

CHARLOTTE WHITTON, *Executive Director*

The V.O.N. Stays on Duty

AT THE Executive Council meeting of the Victorian Order of Nurses held at Ottawa on Thursday, September 21st, the V.O.N. declared its "credo" in the following words:

"That the Executive Council should at this time state its policy for the information of its branches, its members and the public generally as being that the primary work of the Victorian Order of Nurses, that is, competent nursing in the homes of the people in town and country throughout Canada on a basis adapted to the circumstances of the patient or family, must not be relaxed at this time but rather pressed forward with renewed vigour and determination. *Essential home services must not be let down at this time.* The Victorian Order was instituted and has been maintained for over forty years with one definite purpose—home nursing service—for times of war no less than for times of peace. Other social and charitable agencies meet the special needs of a condition of war, but the Victorian Order as a national voluntary organization will adhere to its regular work of providing nursing services in the home. This policy, which is of course subject to revision if conditions warrant it, was the policy adopted by the Victorian Order in the last war and the increased need of its home nursing service was fully recognized in the sustained support of its work by the public."

The Welfare Services and the War Front

IN THE autumn of 1938, Council officers had already given some thought to the problems that would arise, in the event of war, in the adaptation of existing welfare agencies to new or varied tasks, and to their co-ordination with the work of the war time and emergency services which would necessarily be called into action. As soon as war was declared by the United Kingdom, it could be assumed that it would be a matter of days only until Canada, too, would be joined in the struggle. Consequently, with the summoning of Parliament, it seemed urgent to turn attention at once to the responsibilities which had been anticipated in such circumstances. The President immediately communicated with the Prime Minister of Canada, bringing to his attention the tremendous development in social services, public and voluntary, in the municipalities and provinces of Canada in the last twenty years, and offering any service within the Council's power, in advising or conferring as to the best way in which any of the resources or machinery of member agencies could be made effective in service to the civilian population in need on the home front, as occasioned by war distress.

Events began to move rapidly, and certain problems emerged calling for particular attention within the Council, and already of concern to the Montreal and Toronto Community Funds and Councils. Representatives of the Montreal Financial Federation, of the three Toronto Federations, and Welfare Council, of the Hamilton Community Fund, and the Ottawa Community Chests and Council were rapidly convened in informal sessions, joined by representatives of certain national bodies concerned in the immediate situation. Other Community Funds were reached by telegram, and informal conference arranged for Ottawa on September 11th.

Three extremely urgent matters had arisen for attention:

- (1) *Bill No. 2, "An Act to Incorporate the Canadian Patriotic Fund—of which notice was given in the House of Commons on Friday, September 8th.*

This measure was placed on the Order paper practically re-incorporating the Canadian Patriotic Fund which operated from 1914 onwards, and naming as incorporators the Lieutenant-Governors and Premiers of the nine provinces, certain of the Ministers of the Dominion Government, the Leaders of the Opposition in the Dominion and Provincial Houses, the wife of the Speaker of the Senate and of the Speaker of the Commons of Canada, the women Members and Senators of the Canadian Parliament.

As drafted, the Bill made mandatory the immediate opening of a Patriotic Fund for the collection and distribution of funds for the

assistance of the wives, children and dependents, resident in Canada, of men in service.

It was felt by the social agencies that the situation had so materially changed since the last war that any such action was now largely unnecessary, and might lead to the gravest complications. In the first place, the plans already announced by the Government indicated that greatly increased separation allowances would become immediately available for all dependents of enlisted men, and that particularly in the unlikelihood of any large expeditionary force for some time to come, the problems which would arise among this group would not be financial so much as social and personal, and arise in ordinary civilian life, since many of the enlisted men would be in their own homes or at most in camps near their own homes. The probable heavy participation of Canada in the production of foodstuffs and munitions would also mean that the immediate pressure upon us in this war would be the speeding up of civilian life, and consequently the immediate shock of war would call, for many months at least, for increased service in every way from the ordinary civilian services.

Consequently, it was felt that if any such organization as the Patriotic Fund were created it should not be a mandatory nor collecting body primarily but it should be an advisory group which would discuss the situation from the point of view of developing co-operation with the civilian services in all those communities in which they were available and examine the means of developing such co-ordination or services in those areas where none existed. It was felt that any question of raising funds should be held in abeyance until there was more definite indication of such need from voluntary funds and of the nature and application of any funds raised from voluntary sources.

Therefore, one immediate point of discussion and action of the group which convened was to seek amendments along these lines in the Bill which was introduced. Conference was held with the Honourable the Minister of Pensions and National Health, and the Dominion Government agreed to amend the measure already introduced on the lines of these representations. Consequently, the Canadian Patriotic Fund Act as passed contains the following clauses:

"Preamble. WHEREAS it is desirable to promote co-ordination and co-operation between existing organizations and to provide, if any need shall arise, for the assistance of the wives, children and dependents, resident in Canada, of officers and men who during the present war may be on active service with the naval, military or air forces of His Majesty or of any allied or associated power: and, whereas it is desirable to provide an organization for such purpose.

"Objects. 3. The objects of the Corporation shall be to co-ordinate the work of and promote co-operation among the various existing organizations carrying on work similar to that of the Corporation, and, if it is advisable in the opinion of the Corporation, to collect, administer and distribute a fund for the assistance in case of need of the wives, children and dependents, resident in Canada, of officers and men, who, during the present war, may be on active service with the naval, military or air forces of His Majesty or of any allied or associated power."

"Branches. 7. The Corporation shall have power to establish branches or local organizations throughout Canada, and to co-operate with any Association or organization established in any place in Canada for purposes similar to those of the Corporation, upon such terms and conditions as the Corporation may by by-law determine."*

(2) *The second item of immediate import seemed to be The Re-Enactment of the War Charities Act.*

Therefore, discussion took place along the line of urging the Government to re-introduce this measure with such amendments as seemed indicated by developments in the passage of time since the last war.

Briefly, it was agreed that the War Charities Act should provide for the registration, without exemption, of any activity whatever which sought to raise funds for war purposes or for the relief of suffering or distress during the war. It was felt that not only should this power be vested in the Dominion Government but, further, that it should extend to the examination of the efficiency as well as the integrity of any such agency, and that there should be a reserve provision for a committee with power to effect co-ordination and eliminate overlapping or duplication where this seemed indicated.

The form which such provision might take was discussed, and conference arranged with officials of the Department of State, who were most cordial in their collaboration in the drafting of the new measure along the lines proposed. The measure as passed provides that:

"2(b) 'War Charity Fund' means any fund having for its objects or among its objects the supplying of needs or comforts or the relief of suffering or distress for the benefit of the personnel of the Armed Forces of Canada or the families or dependents of any of them or of any other sufferers from the present war, or any other charitable purpose connected with the war."

*A complete copy is available from the King's Printer, Ottawa, at 10 cents a copy.

- "6. The Minister may appoint any person or persons whom he may designate to report to him concerning any War Charity Fund or any application for the registration thereof or any matter pertaining thereto."

Mr. W. G. Gunn, of the Companies Branch of the Department of State, has been assigned as administrator under the War Charities Act. Copies of the Act, and regulations, will be available from him—Room 281, West Block, Parliament Buildings, Ottawa.

- (3) *The third matter of urgency was The Relationship of the War Time Programme of the Red Cross Society to the Civilian Services.*

Naturally, the Red Cross Society, under International Conventions, is under obligation to assume far-reaching responsibilities on behalf of the victims of war and related distress, and generally as an auxiliary to government in the prosecution of war effort.

It was felt that the gravest possible complications could develop were there not adequate co-operation and clearing between the Red Cross and the civilian social services nationally and locally. This assumed two aspects,—the clearing in respect to financial appeals, and the clearing in respect to service.

Of these, the former assumed immediate urgency because of the situation in respect to the Community Fund appeals throughout Canada which were immediately imminent, as well as small and related appeals for a multiplicity of agencies in different centres, and which appeals are ordinarily held in the autumn. The decision of the Red Cross to launch a national appeal for war purposes at once made the whole situation very critical.

In this situation, the Canadian Welfare Council, acting for this interim group, requested conference with the executive of the Canadian Red Cross Society on Monday, September 11th, prior to the meeting of its National Council in Ottawa on Tuesday, September 12th. The group which had been in conference on the two war measures discussed this situation too, and also had before them telegraphic replies from Community Chests in Victoria, Vancouver, Winnipeg and Halifax.

The representations of the group were presented to the Red Cross executive on Monday evening by Mr. J. M. Macdonnell, who had been named interim chairman of the group, Mr. P. S. Fisher, President of the Financial Federation of Montreal, Mr. C. S. Band, President of the Federation for Community Service, Toronto, Mr. W. T. Kernahan of the Federation of Catholic Charities, Toronto, Colonel Colin Gibson of the Hamilton Community Fund, and Colonel E. A. Baker, who spoke for the Veterans and the Institute for the Blind.

These representations presented the importance of continuing all the civilian social services without any impairment of resources or

efficiency, to stand the heavy responsibility of the maintenance of ordinary civilian life as normally as possible, in order to assure the greatest possible effort in Canada under the peculiar conditions likely in this war. It was emphasized that civilian effort in the production of food and munitions and the different conditions of service in home defence would all mean that those things of which we thought in connection with the last war would not be the overwhelming responsibility and service expected of Canadian citizens at least in the early stages of this war. Every essential need of war service, it was felt, must be assured through the strongest backing, of the war and emergency services, by the civilian services, but on the other hand the latter, it was pointed out, had a continuing obligation which would not lessen but increase as the country geared itself to war.

For instance, it was pointed out that enlistment already was showing how comparatively few of our single men who were unemployed and our young men in homes were fit either for war service or for heavy civilian service in factory or field; that already, with the enlistment and continuance of the men in their own homes, the family agencies could see strains that could only increase with war. The leisure time and recreation services would have immediate problems of expansion to meet the needs of men in camps or barracks and of the munition workers who would flock to the larger centres. In addition, it was pointed out that all the Community Chest campaigns were set, dates, budgets and objectives definite, and machinery geared to go.

It was felt that the Red Cross must launch a national appeal for its war time needs, but that this must be co-ordinated with these civilian services which, in the next few weeks, would be seeking an amount in the neighbourhood of \$4,000,000, which amount had been raised consistently over recent years. It was felt that nothing but confusion could result from clashing in campaigns, and that some adjustments must be immediately effected.

Full discussion took place, after which the representatives of the civilian services again met, and, realizing that they were acting solely on the responsibility of the group present, proposed to the Red Cross Society, deferring of their appeal until November 13th to allow clearance for the Chests and Poppy Fund.

On Tuesday, the 12th, the Executive and Council of the Red Cross Society accepted the suggestion thus put forward, and agreed to defer its national appeal until November 13th as the earliest date.

Consequently, the Canadian Welfare Council assumed the responsibility of communicating with all the Financial Federations, asking them to adjust any dates that would clash accordingly, and to discuss at once the means of emphasizing their appeals as protecting the home front and giving any possible help in assuring the clearing of pro-

gramme and the success of the Red Cross appeal for war needs at this later date. It is to be recorded that the whole adjustment was made in a spirit of cordial co-operation.

The great part of the arrangements of co-ordination in service and appeal will be made locally, but it is hoped that co-operation of the civilian agencies in this war appeal will be real and effective.

Meanwhile, daily, new problems are arising in programme and services, in the work of the existing services, and occasioned by war conditions. In these circumstances, the small "standby" committee, left at the post by the group who met on September 11th and 12th, have asked representatives of the Community Funds and Councils to meet again in Ottawa on October 6th and have advised other national agencies carrying on actual services in the welfare field of this meeting, intimating that their representatives would be welcomed, if desiring to sit in, on the subsequent sessions of these general community groups.

It is hoped that ways and means of clearing in programmes nationally and locally, will emerge from this gathering. C.W.

War Time Charities Act and Regulations

COPIES available from the Administrator, War Charities Act, Room 281, West Block, Parliament Buildings, Ottawa, Canada.

(The Canadian Welfare Council has obtained a supply for members, and a copy will be sent on request.)

Soldiers' Allowances

"FINANCIAL Regulations and Instructions for the Canadian Active Service Force" has been issued by the King's Printer, and should be invaluable for reference for the social agency faced with family and child protection adjustments, arising from enlistment.

"G. A."

THE UNITED STATES of America has lost one of the ablest women of her generation and all humanity a gallant leader in the death of Grace Abbott in her sixty-first year. Though word of her serious illness had caused sorrow to her friends, hope had sustained hope and the word of her death struck bleakly upon those who had followed her as crusader and loved her as a good companion in our common journeying. It passes belief that her clarity of mind, breadth of vision, and intense power of inspiration are no more ours, when we might well have looked for years of her high leadership still. The passing of a woman like Grace Abbott strengthens one's belief in immortality, for in the divine economy of life, the fullness of her growth could not be lost; it must go on to richer burgeoning in the spirit of the God who gave it.

A Nebraskan of the Nebraskans,—“as upright as a field of Nebraskan corn” someone once said of her—Grace Abbott was the daughter of one of the pioneer lawyers, and later Lieutenant-Governor of the State—Othman Abbott. Her mother, who survives her, when over ninety years of age, received the honorary degree of Rockford College, for her pioneer service in the women's cause. Miss Abbott and her sister, Miss Edith Abbott, could hardly have been other than they were, worthy daughters of a great tradition.

Miss Abbott was educated in her own prairie town of Grand Island, and took her Ph. M. degree at Chicago. In 1908 she became secretary of the Immigrants' Protective League and an early colleague of Jane Addams. In 1910 she was in the picket line, as a resident of Hull House in the strike of the Amalgamated Clothing Workers of America. During the war she was associated with industrial organization in the United States government service, and became one of the foremost fighters for the federal child labour amendment. In 1917 she became director of the Child Labour Division, created in the Children's Bureau to administer the law, and in the few months before it was declared unconstitutional, gave ample evidence of her executive powers. In the Bureau, she was associated both with the first International Labour Conference and the great post-war Child Welfare Conferences of 1919. For the next two years, she again served new Americans through the Illinois Immigrants' Commission and in 1921 succeeded her brilliant friend, Julia Lathrop, as Chief of the Children's Bureau. Resigning in 1934, she rounded out a career of amazing service as

editor of the Social Service Review and professor of Public Welfare at the University of Chicago from that date to this year.

She was a woman of penetrating mind and efficient thought. Her sympathy and her zeal for economy in the ordering of life met in the crusade for those whose strength was not alone equal to their battle,—the unorganized worker, the immigrant, the child—all of them called to the innate sense of justice, the divine protective instinct in her, and serving their cause within her own land, she gave inspiration and fine factual data to the cause of their kindred in all the lands of western civilization, especially to her northern neighbours, and the South American States. In later years, the universality of her knowledge was applied through important posts,—as United States delegate to the League of Nations Committee on Social Questions, and twice as leader of the United States delegation to the International Labour Office. She was tireless, as writer, speaker, administrator, her addresses, articles, editorials and finished volumes affording, of themselves, an adequate reference library on modern labour and welfare problems. Her monumental "The Child and the State", which we were granted to have her finish will long be the standard work of reference among English-speaking peoples.

Wearing modestly the honorary degrees of numerous universities, revered abroad, and honoured at home, Grace Abbott remained essentially the frank, sincere, unaffected woman of her people, a statesman who never lost the common touch. The record of her life remains immortal in the progress of human welfare,—a noble woman, who lived simply and greatly and served richly the world of her day.

C.W.

The Council Loses Miss Bradford

AFTER FIVE YEARS of effective service, Miss Marjorie Bradford, Assistant to the Director, since September 1934, returns to the area of her earlier effort, the administration of local services. As from October the first Miss Bradford will be executive director of the Vancouver Council of Social Agencies, and secretary of the Budget Committee of the Vancouver Welfare Federation.

A graduate of the University of Alberta, Miss Bradford originally came east in 1924 as assistant secretary and associate editor of "Social Welfare" in the Social Service Council of Canada. Here she gave admirable service over a period of four years in the important field of inter-church effort in social work, bringing "Social Welfare" to a high standard of excellency and effecting a valuable tie-in between professional and lay interests in social welfare thought and planning.

Her work there attracted the attention of Mr. Howard Falk, then director of the Montreal Financial Federation, and to whose dynamic personality and extensive knowledge many of the executives in social work in Canada today stand indebted for stimulation and direction of their attention to social work as a profession. Miss Bradford joined his staff, as publicity secretary and assistant in the Federation, and as secretary of the Montreal Council of Social Agencies, the largest Council in the Dominion. Here Miss Bradford continued until joining the Canadian Welfare Council staff in 1934, bringing, as a result, a wealth of experience in the internal administration of joint planning and financing, and an intimate knowledge of the distinctive welfare legislation and services of Quebec.

In the Canadian Welfare Council, as assistant to the director, Miss Bradford's responsibilities were varied and heavy. Coming to the staff at almost the depth of the depression, it was necessary for her to turn her hand to any task that the day brought. Her own wide range of interest, and natural versatility, combined with an intimate knowledge of western as well as eastern Canada, enabled her to give service of a high and effective quality, practically at once. Existing community funds and councils early utilized the specialized knowledge which was available from the Council through her experience, while community studies and organization under Council auspices at once reflected her valuable contribution in this field. Major responsibility in the editing of the Council's publications naturally passed to Miss Bradford, and the WELFARE Summary, while still far from that excellence which the times demand in Canadian social work, gradually improved both in content and format. That circumstances never allowed a greater concentration of Miss Bradford's potential contributions in this particular responsibility is one of the deep regrets of the Council's

executive. But within the limitation of time and resources in these recent years, Miss Bradford made a distinct contribution to all Council publicity, and the Council, through its publications, to the interpretation of social work generally.

The day to day administration of the Council is now no small administrative task, and here, and in the difficult burden of financing, Miss Bradford was practically interchangeable with the Director, on different occasions administering the Council over protracted periods. The Board, long recognizing the heavy executive responsibilities involved, has just completed arrangements for the division of services, and the appointment of an executive treasurer, as well as an executive director, to handle finances. Consequently, no new appointee will be required to discharge the multiplicity of duties that were Miss Bradford's. On the other hand, there is no one available in the Canadian field with her intimate knowledge of internal Council and Fund administration, and except as it can navigate in the future, as in the past, with volunteer crew, the Council will be weakened in this division of its work. Present plans call for the loan of Miss Elsie Lawson, Supervisor of the Division of Child Protection of the Department of Health and Welfare in the Province of Manitoba, to hold the fort as assistant to the director, until permanent personnel are located. An effort is also being made to borrow staff, to assist in publications and community organization. The line of reorganization, on which the Board has been working for over a year, contemplates the assignment of financial work to the executive treasurer, and the devolution of work through two lines,—interpretation and publications, and supervision of technical services,—to two assistants to the director. The Council could hardly have sustained a more serious loss than Miss Bradford's acceptance of the challenge and opportunity of the Vancouver post, just when reorganization would have freed all her undoubted ability for the first of these executive responsibilities.

Miss Bradford leaves the Council staff, but with the assurance that her knowledge, experience and active co-operation remain at its call, as circumstances may allow their use. She goes to her new post with the satisfaction of an almost impossibly varied and difficult task, loyally and effectively done through five hectic years, largely of trial and error, in Canadian welfare story. The agency she served, and the wider field of community and national building in which it functioned, will permanently benefit from the contribution of her knowledge, energy, and devotion. She takes with her the gratitude of Board and colleagues, the appreciation of agencies, and communities which her services have touched, and from all, the warm hope that in her new post, her contribution will be as great as her past record suggests and as gratifying as her own sense of devotion deserves. C.W.

Non-Resident Clause in New Relief Agreements

THE NEW Dominion-Provincial agreements on material aid contain a new and important feature in respect to transients, providing for collaboration by the provinces along the lines of reciprocal action in respect to needy persons who lack provincial residential qualifications. The clause reads:

"The Province agrees to maintain such residence regulations that no persons shall become ineligible to receive Material Aid by reason of having lost residence in one municipality or jurisdiction within the Province before having established residence in another and, further agrees to collaborate with the other Provinces of the Dominion along lines of reciprocal action in respect to individuals in necessitous circumstances lacking Provincial residence within that Province where they are currently destitute, to the end that no resident of Canada shall become ineligible to receive Material Aid by reason of having lost residence in one Province before having established residence in another."

"Provincial Residence", and the terms of Dominion contribution in aid of dependent Provincial residents are set forth in two other clauses:

"'Provincial residence' (except in cases where established by reason of the Province heretofore having approved of some or other qualifications and in cases where the province, after the date hereof, accepts residence as being established in any lesser period than that hereinafter mentioned) shall mean the residence established by an individual or family in that Province where he, she or they were last self-supporting, by gainful occupation, for 24 months prior to the date of his, her or their first application for or receipt of public aid during the period of this agreement. For the aforementioned purposes the said aid shall be that supplied by or contributed to by any Province."

"The Dominion will pay to the Province, subject as aforesaid, fifty per centum (50%) of the expenditures incurred by the Province for Material Aid supplied, during the aforesaid period, to individuals within the Province who are in necessitous circumstances and have not established Provincial residence therein, and, will also pay to the Province 50% of the expenditures incurred by the Province within the said period for the provision of Material Aid to individuals in necessitous circumstances, with Provincial residence in the Province but currently resident within another Province."

Public Welfare in Manitoba

MISS ELSIE LAWSON

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PUBLIC WELFARE in Manitoba may be thought of in three periods—the first period extending from 1610 when Henry Hudson opened the chapter of Manitoba's history, up to the arrival of the first Selkirk settlers in 1811. This period of adventure and daring among explorers and fur traders was, however, not without its social problems. Profits in fur trade superseded all other considerations and too often the rum keg was the accepted currency. Temporary alliances of Europeans with native women often caused much suffering among them and their children. It fell to the fur traders to render certain humane services, as, for example, arranging the return to the Orkneys of the first white child born in Manitoba in 1808, and his mother. But, in general, rugged individualism prevailed—the fittest survived and the weaklings perished. Public Welfare as conceived today was unknown.

The second period from 1811 to 1870 represents that pre-provincial period of settlement, with the spirit of co-operation and neighborliness at its best. Organized social work was unnecessary except in times of emergency distress.

Lork Selkirk may well be looked upon as Manitoba's first philanthropist, engaged in a determined effort to rehabilitate the evicted clansmen of his native Scotland. The little Red River Colony which he established felt the impact of the clash between the interests of the fur trade and those of settlement. Today we mitigate such situations by establishing administrative Boards, often empowered with judicial functions. These early settlers also knew the necessity of migration for the primary reason of seeking food, even as those from the dried out areas of today know it. Fortunately, they were unhampered by residential qualifications and were free to go where the buffalo was plentiful. As early as 1821 unemployment raised its ugly head among traders and trappers, owing to the merger of the fur companies, and land settlement was then as now advocated for the displaced workers.

As starvation faced the little Colony in 1868, they banded themselves together in the "Red River Co-operative Relief Committee"—the first social organization in Manitoba. An appeal was issued to the outside world which brought a ready and generous response from other parts of Canada as well as England and the United States. The committee adopted the principle of work rather than relief and placed as many men as possible to work on the Fort Garry section of the Lake Superior road. Following the next harvest, the acute need passed and

the Committee disbanded. The minutes and correspondence of this Committee constitute interesting historical documents.

The third period is that of provincial development from 1870 to the present. In this period we see individualism broadening out into social thought, expressed in social legislation of which Manitoba may be justifiably proud. Land, in the form of homesteads, became the goal, rather than the fur trade of the earlier periods.

On becoming a province in 1870, Manitoba assumed its responsibilities under the British North America Act of 1867 for the establishment, maintenance and management of hospitals, asylums, charities and eleemosynary institutions in and for the province other than marine hospitals.

The population in 1870 has been variously estimated at between 12,000 and 25,000. This was the period of the Province's expansion through immigration but social workers agree that immigration unless conducted on social rather than commercial or financial lines is a fruitful source of social complications. From 1881 to 1936—a period of 55 years—the total population increased eleven fold from 62,260 to 711,216. In 1936, 56.28 percent of the population was rural and 43.72 percent urban.

Private philanthropy during this formative period does not fall within this purview but it is a worthy record of achievement. Valiant attempts were made to meet the emerging needs—hospitals for the sick, (epidemics of typhoid and small pox were not uncommon in the tent cities), hostels for the homeless, Children's Aid Societies for the unprotected child, and institutions, particularly between the years 1900 and 1914, (Manitoba's brick and mortar age), were established.

Public Welfare in Winnipeg

Winnipeg was incorporated November 8, 1873, with a population of 1869 inhabitants. It is not surprising that pioneers imbued with British traditions should early legislate for the relief of the unfortunates, for England had years before passed through three stages regarding its dependent classes—(1) repression, (2) recognition and (3) finally the assumption of responsibility for relief by means of a public rate.

In the Minutes of Winnipeg's Council, February 26, 1874, we find the following: "that as the season of navigation will bring a large increase in our floating population, it becomes necessary to make some provision for relieving the many cases of distress from sickness or other causes which will arise. Therefore, be it resolved that a Committee be appointed to be known as the Hospital and Relief Committee."

The estimate for relief for that first year was \$1,000 and the Auditor's report of December 31, 1874, showed \$81 expended. In contrast, Winnipeg in 1938 expended \$2,912,958.09 on Health and Public Welfare.

As was the common practice throughout Canada, a Relief Office was created in Winnipeg in 1905, but was absorbed in the Social Welfare Commission in 1925. Today the larger centres of Manitoba have relief offices but in the rural districts much of this work falls on the Secretary Treasurer.

The Social Welfare Commission, a tax supported public welfare organization for the city of Winnipeg, was established in 1917, with a broad conception of social service. During the first year from May, 1917, to April, 1918, 662 cases were assisted financially and 297 were given service only, while during the year ending December 31, 1938, there were 1,734 cases given financial assistance and 1,287 cases given service only. The comparison of certain expenditures is as follows:

May, 1917, to April, 1918 Calendar Year 1938

Material Relief.....	\$73,000.00	\$231,943.38
Care for Aged and Incurables	5,000.00	64,517.90
Administration and Service.....	16,000.00	38,884.81

The Social Welfare Commission dealt with unemployment relief until 1931, when the Winnipeg Unemployment Relief Department was established. Each Fall and Winter from 1920 to 1930 inclusive, after 100 cases had been reached—(any number under 100 was considered normal)—an Emergency Unemployment Department was set up by the Commission. Unfortunately, the term "emergency" ceases to apply.

	On Relief as at—	Dec. 31, 1931	Dec. 31, 1938
Married Men.....		4,909	6,128
Single Men.....		5,396	3,121
Single Women including employable women heads of families.....		525	1,045
Total		10,830	10,294

Mothers' Allowances

(Now Part III of The Child Welfare Act—Bereaved and Dependent Children.)

One of the long range questions of policy in public assistance is whether it should be organized by categories or whether pooled relief does not simplify relief laws, organization and administration. While categories do exist, the plan of "administrative integration", that is, one local public assistance agency serving various classes of recipients,

seems advisable. In the history of relief in Manitoba, Mothers' Allowances were the first categorical relief to emerge.

Largely through the efforts of private social organizations, the Mothers' Allowances Act of 1916 was passed and a Commission was set up to administer it. The funds were secured by a levy on all municipalities pro rata up to half the cost of allowances but in 1931 the Province assumed full responsibility. In the first years of operation, allowances were granted to widows and wives whose husbands were confined to hospitals for mental diseases. In 1927, provision was made to include wives and children of totally and permanently disabled fathers.

The following table shows the growth of this service:

Year	Families	Children Benefited	Total Amount of Allowance
July 1/16 to June 30/17....	129	422	\$ 31,982.85
May 1/26 to Apr. 30/27....	855	2,595	408,156.00
May 1/36 to Apr. 30/37....	1,141	3,271	445,549.00
Jan. 1/38 to Dec. 31/38....	1,079	3,197	427,781.71

The control and prevention of disease is a determining factor in this field, showing the inter-relationship of health and dependency.

In 1917 Tuberculosis was the chief cause of death of the fathers—20.9 percent of the 125 deaths—necessitating allowances. In 1938 diseases of the circulatory system were the chief cause—19.3 percent of all the deaths—necessitating allowances.

The Provincial Department

A resolution from the Social Welfare Congress of Manitoba in 1916 focussed public opinion on the need for a provincial Department of Public Welfare. The response was the setting up of a Public Welfare Commission in 1917, with the Honourable Thos. H. Johnson, the Attorney-General, as Chairman. Its findings were illuminating and its recommendations farsighted and far-reaching. It recommended the creation of a Department of Public Welfare to include the following welfare activities: (a) Child Welfare, (b) Public Health, (c) Relief and Correction, (d) Mothers' Allowances, and even suggested that at a later date "Labour" and "Employment" might be added.

This Commission urged the immediate establishment of a Welfare Supervision Board to act in an advisory capacity to the Government in matters of welfare which was implemented in 1921. Another recommendation was the consolidation of the provincial child welfare legislation with administration vested in a Child Welfare Division.

Such an Act, respecting the welfare of children, was assented to April 6, 1922, to provide for the establishment of a Department of Public Welfare with Child Welfare as a Division. This Act was amended in 1924 as "The Child Welfare Act", and a Division of Child Welfare created, under the Minister of Public Welfare, who was at that time also Minister of Education. The Mothers' Allowances Act was, therefore, repealed September 1, 1924, and its provisions carried into Part III of The Child Welfare Act. The Children's Act, The Infants' Act, The Illegitimate Children's Act and sections of The Humane Societies Act were also repealed and their content embodied in this new Child Welfare Act.

On April 30, 1938, there were 987 children who had been declared by courts to be neglected—743 wards of Children's Aid Societies and 244 wards of the Director of Child Welfare. Except for those who are self-supporting, these will be a charge upon public funds of from 63c to 72c per day. The Province expended from January 1, 1938 to December 31, 1938 the sum of \$21,564.08 for wards of the Director of Child Welfare, not including administration. The cost to municipalities for this service will be included in Municipal Assistance.

The work done by the Child Welfare Division under Part V of the Act consists in securing, where possible, an agreement or filiation order for the support of the non-wedlock child and in 1938 \$13,634.43 was collected by the Division. This phase of the work together with adoptions constitutes preventive work in that many children are saved from becoming neglected and a public charge.

The Health and Public Welfare Act of 1928 united the Welfare and Health activities in one Department with a Minister of Health and Public Welfare in charge. Gradually, the logical functions of such a Department have been centralized in it, particularly in the health field. For instance, grants to private charities and hospitals, as well as vital statistics, were originally under the Department of Agriculture and in fact the first Minister of Health was the Minister of Agriculture. This is understandable in a province where agriculture is the chief industry.

To attempt to deal with the health work of the Department would require another article, but it is a stirring story of an active crusade against the ravages of ill-health—one of the greatest causes of dependency.

In addition to the Division of Child Welfare already referred to, the Department includes a Division of Social Assistance in Unorganized

Territory. Prior to the establishment of the Department, this assistance was given by the engineers in the Department of Public Works. On May 1, 1933, Unemployment and Farm Relief in Unorganized and Disorganized Territory was returned to the Department of Public Works, leaving social assistance for causes other than unemployment still with the Department of Health and Public Welfare. .

The trend of expenditures for this Division is shown by the following figures:

Year	Number of Cases	Expenditure
1934	257	\$22,559.89
1935	310	27,618.36
1936	402	42,092.86
1937	485	61,041.35
1938	589	76,458.06

Grants

Grants to charitable institutions (exclusive of hospitals) are made by the Department of Health and Public Welfare on the recommendation of the Welfare Supervision Board. For the fiscal year ending April 30, 1939, these totalled \$29,795.00 from the Department of Health and Public Welfare. The municipalities for the year ending December 31, 1938, made grants to charities of \$49,973.76—making a total of \$79,768.76 from public funds.

Old Age Pensions

The Old Age Pension Act was passed by the Dominion Government in 1927 and in the following year provincial legislation made possible pensions in Manitoba, administered by the Workmen's Compensation Board under the Attorney-General. The province pays 25 percent of the amount of pensions (a portion of which is raised from a municipal levy), plus the total administrative costs.

As on March 31, 1939, of all the people in Manitoba 70 years or over, 53.94 percent were drawing pensions (based on estimated populations as on June 1, 1938 by the Department of Finance at Ottawa). The percentage of persons over 70 years of age in Manitoba is estimated at 3.12 percent.

It is unfortunate that the older age groups and the youths of earning age have reached their greatest numbers at a time when the Province is least able to meet their needs.

The pension figures are as follows:

Year	No. of Pensions	Cost to Province	(Portion of pensions plus administration)
Sept. 1928 to			
Apr. 30, 1929.....	4,187	\$315,384.36	
" 1930.....	5,282	617,442.84	
" 1931.....	5,902	708,780.12	(In Oct. 1931 Dom. Govt. increased its grant from 50% to 75%.)
" 1932.....	7,201	624,125.75	
" 1933.....	8,268	485,712.30	
" 1934.....	9,235	540,485.99	
" 1935.....	10,177	589,745.52	
" 1936.....	10,984	639,662.83	
" 1937.....	11,588	683,364.09	
" 1938.....	11,793	714,131.11	(Old Age Pensions plus Pensions for the Blind and administrative costs of both.)
" 1939.....	12,150	730,581.12	

The total cost of Old Age Pensions and Blind Pensions for the year ending April 30, 1938, was \$2,736,873.09—\$2,022,741.98 paid by Dominion Government and \$714,131.11 paid by the Province of Manitoba, made up by municipal levy of \$379,052.50 and \$335,078.61 from consolidated revenue.

Pensions for the Blind

(Administered similarly to Old Age Pensions.)

On September 1, 1937, the Province of Manitoba entered into an agreement with the Dominion Government for the payment of pensions to blind persons 40 years of age or over, in Manitoba.

Year	Pensioners	Provincial Share
Sept. 1, 1937 to April 30, 1938.....	114	\$ 3,021.89
May 1, 1938 to April 30, 1939.....	210	11,464.73

Rural Rehabilitation

Rural Rehabilitation is a plan set up by an Order-in-Council of the Dominion Government with the Province of Manitoba and the Province of Manitoba with various cities, towns and municipalities in the Province of Manitoba, whereby families on relief may be assisted in land settlement.

Since its commencement in May, 1932, there have been 1,410 families established on the land. On December 31, 1938, 1,062 families were still on the farms.

Unemployment Relief

Prior to 1914 the Province had no share in Unemployment Relief costs, as any necessary relief was supplied by the municipalities. With the outbreak of War and the demoralization of industry, many were thrown out of work. As arrangements proceeded for financial aid to soldiers' families, this difficulty soon disappeared, only to reappear in 1920-21, as many returned soldiers were unable to re-establish themselves, owing to economic depression. The Province assisted in 1914 and 1920 and has continued to do so up to the present, while the Dominion assisted in 1920, 1921, 1922, 1925 and from 1926 to the present.

Unemployment relief is administered through the Department of Public Works and the various municipal set-ups.

The following table shows the average number per month of those receiving assistance under unemployment relief expenditures in Manitoba for the fiscal years ending March 31, 1932 to 1938:

1931-32	1932-33	1933-34	1934-35	1935-36	1936-37	1937-38
49,927	59,663	81,064	78,636	84,089	88,285	71,929

The Direct Relief Expenditures (Commitments) Oct. 1, 1930 to March 31, 1939 including all payments up to April 30, 1939:

Dominion and Provincial Governments	Municipal	Total
\$32,355,363.88	\$13,384,347.85	\$45,739,711.73

The total cost of all relief in Manitoba to the three Governments—Dominion, Provincial and Municipal—from October, 1930, to March 31, 1939, i.e., March accounts payable in April, 1939, is \$70,669,470.93.

For the year ending April 30, 1939, the total cost of all relief in Manitoba to the three Governments was:

Dominion	Provincial	Municipal	Total
\$2,714,482.32	\$3,633,862.96	\$1,899,363.73*	\$8,247,709.01

made up as follows:

	Relief Works	Single Men	Rural Rehab.	Direct Relief	Total
Dominion	932,240.64	180,009.89	67,050.86	1,535,180.93	2,714,482.32
Provincial	1,331,027.90	497,820.58	175,846.54	1,629,167.94	3,633,862.96
Municipal	89,828.92	99,896.26	100,444.09	1,609,194.46*	1,899,363.73

It is apparent that while none of the social problems we are facing today are new, the proportions have become formidable. Emergency

*Includes \$60,238.05 paid by the Provincial Dept. of Health and Public Welfare.
Includes 1,453.98 paid by the Provincial Dept. of Mines.

\$61,692.03

HEALTH AND PUBLIC WELFARE YEARLY EXPENDITURES IN MANITOBA MUNICIPAL, PROVINCIAL AND DOMINION

	MUNICIPAL	PROVINCIAL	PROVINCIAL TOTAL	DOMINION	GRAND TOTAL
SOCIAL ASSISTANCE (other than Unemployment Relief)	Jan. 1, 1938 to Dec. 31, 1938 \$ 733,966.40	May 1, 1938 to April 30, 1939 \$ 656,570.67		May 1, 1938 to April 30, 1939 —	\$ 1,390,537.07
UNEMPLOYMENT RELIEF (Direct Relief)	2,214,519.37	1,629,167.94	†3,843,687.31	†1,535,180.93	5,378,868.24
HEALTH	240,813.64	215,272.50	456,086.14	—	456,086.14
HOSPITAL MAINTENANCE AND GRANTS TO HOSPITALS	836,583.42	1,127,915.90	1,964,499.32	—	1,964,499.32
GRANTS TO CHARITIES	49,973.76	29,795.00	79,768.76	—	79,768.76
*RURAL REHABILITATION	97,380.45	175,846.54	273,226.99	67,050.86	340,277.85
OLD AGE PENSIONS AND PENSIONS TO THE BLIND	—	730,581.12	730,581.12	2,032,830.49	2,763,411.61
	\$4,173,237.04	\$4,565,149.67	\$8,738,386.71	\$3,635,062.28	\$12,373,448.99

*Money appropriated by Municipality in a given year to the Rural Rehabilitation Commission to administer may cover a period of at least four years during settlement.

†Does not include relief to single men.

The Dominion Bureau of Statistics estimates the 1938 population of Manitoba as 720,000. These figures would indicate a per capita cost for the above mentioned services from the province as \$12.14—from the province and the Dominion—\$17.19.

relief administrations will no doubt have to give place to permanent public welfare departments—Dominion, provincial and in the larger municipalities. It would be the duty of such departments not only to supervise all forms of public assistance but to co-ordinate welfare services so that the picture could be seen in its entirety and by means of research and study to develop long time plans, working toward the elimination of as much as possible of this dependency—truly a gigantic task, but one worthy of the efforts of the greatest statesmen of Canada.

Until uniformity in compiling social statistics is adopted by municipalities and provinces throughout Canada, it is practically impossible to secure accurate statements of the cost of social assistance. The varying fiscal years, the inclusion or exclusion of certain expenditures under the same heading and the different interpretations given to terms, make comparisons dangerous and inaccurate.

The table on page 14 gives some conception of the cost of dependency in Manitoba. It does not include the cost of provincial or municipal relief work, youth training projects or federal assistance for War Veterans' Allowances or for War Veterans' Unemployment Assistance. There are also expenditures by the Department of Education for the maintenance and education of handicapped children (blind and deaf), which have not been included, nor has the cost to the Province of delinquency—Reform Schools and Gaols.

Poor Relief and Medicine in Nova Scotia

1749-1783*

PART II—MEDICAL AND PUBLIC HEALTH MEASURES

RELIEF WILLIAMS

Hospital and Medical Care

The third public institution which undertook to care for the more unfortunate members of society was the hospital, which was built in 1750. In these days when state medicine is regarded as a modern and revolutionary plan, it is interesting to note that similar measures were undertaken in the dim and distant eighteenth century. Perhaps the term "state medicine" is misleading; there was no system of social insurance, and the responsibility of government did not extend to self-supporting citizens. Rather, the care of the sick and infirm was looked on as a part of the poor relief, and the hospital had very little

*A paper read before the Nova Scotia Historical Society. Part I—Poor Relief—published in previous issue of *Canadian WELFARE Summary*.

in common with our modern institutions of the same name. It was a sort of refuge for the necessitous inhabitants said to be "used by soldiers of Hopsons Regiment and a few miscreants of the town, for no sober industrious people will go there for a "cure" to live among Soldiers and in the greatest riot and confusion—as the people who go into this Hospital are of the violent sort". However, the Parliamentary grant, besides supporting the hospital, also made due allowance for the sensibilities of "sober industrious people" by paying the salaries of a few surgeons for so long as the indigence of the settlers prevented them from supplying their own medical attendance in their homes.

The first expedition in 1749 carried with it 17 surgeons and 12 surgeon's mates and assistants, a number which was intended to supply the five settlements originally planned. When the Lords of Trade found that only one settlement was established, they ordered Cornwallis to discharge from the government service all those who were not needed for Halifax. These surgeons were engaged for one year only, apparently in the hope that by that time the settlers would be self-supporting. In 1752 their Lordships were complaining of the expense (estimated at £1,145 in 1751), "as there must be now many Families both used and very well able to bear such expenses".

As usual their Lordships were too early in their demands for economy, but the number of public practitioners was being gradually reduced. In 1759, besides the hospital surgeon and his assistant, one surgeon and one midwife were included in the estimate, and £20 for medicine money. In 1762, after a further remonstrance from Whitehall, the allowance for the surgeon and medicine money was omitted, and two midwives shared the salary which had formerly gone to one. In 1764, Governor Wilmot wrote that he would punctually observe their Lordships' orders to reduce the charges for midwives, as he had intended anyway to omit them from the estimate. He proceeded to do so. Thereafter even this very necessary service was the concern of the inhabitants and midwives began to advertise their qualifications in the local papers.

The town of Lunenburg shared this official philanthropy, and managed to remain on the establishment even longer than Halifax. Although Lunenburg was still receiving the services of two midwives, one surgeon, and one assistant surgeon as late as 1767, there is no evidence that the New Englanders and other late arrivals were supplied with similar medical attendance. They were apparently intended to look after themselves, but in 1777 the Council received a petition from a doctor who wanted to be reimbursed for his expense in inoculating 62 poor persons in the townships of Windsor, Newport, Horton and Falmouth during the small-pox epidemic of 1775-1776.

Generally speaking, however, the authorities were chiefly concerned with the health of the Haligonians.

Unfortunately most of our information about the hospital is furnished by a surgeon named John Grant, whose penchant for writing memorials seems to have almost equalled that of Alexander McNutt. His main theme was the "injustice in the present medical service in Nova Scotia by which he and other surgeons are prevented from making a living". In other words, Mr. Grant had a grievance, and since he was "agin the government" it is very difficult to know whether or not his facts are reliable. The Governor assured the Lords of Trade that he (Grant) was "a most audacious and impudent fellow" who made a practice of breeding discontent among the people and encouraging contempt for the government; and their Lordships, "Having been assured of Grant's true character by the Proceedings of the Council . . . realize that his accusations were without foundation". If this conclusion were justified, there would be no excuse for quoting Grant's remarks. But might not the Governor and Council have been prejudiced?

Mr. Grant's contention was that a great deal of expense could be saved by contracting with one surgeon (i.e., Mr. Grant!) instead of employing so many in the government service. They were said to be so busy looking after the government officials who kept them in their positions that they had no time to care for the poor. Moreover, in addition to their salaries they were paid 6d. per day for every patient in the hospital, an arrangement which did not tend to reduce the number of patients.

A further scheme for economy was to exclude certain persons from the privileges of the hospital. This list gives an illuminating picture of the inmates of that institution. Incurables were not to be admitted, and venereal cases should be made to work for their cure in the work-house. In order to prevent "miscreant inhabitants" from being "entertained" for long periods at the public expense they were to be examined by two surgeons before entering, and every two months thereafter. Any patients "detected in liquor" or who absented themselves from the hospital for more than two hours at a time were to be turned out. Grant maintained that if these undesirable persons were eliminated, the number of patients would be reduced from thirty to ten.

At least one of Grant's statements is of doubtful reliability. He says that the hospital was occupied by "profligate soldiers", whereas Governor Lawrence, anxious that the institution should be kept on the civil rather than the military establishment, writes that "the necessitous Inhabitants (not the Troops) have constantly occupied the Hospital". The passage already quoted can hardly be used to substantiate Grant's evidence, as it bears all the earmarks of having been written by Grant

himself. Nevertheless the Lords of Trade disregarded Lawrence's advice, and after 1761 the hospital was included among the military expenses.

Like the work-house and the orphanage this hospital came to an untimely end; in 1767 the Council advised that it be granted for the use of an almshouse—a curious recommendation, when the poorhouse was still in existence. Perhaps the “objects of charity” were to be transferred from the old work-house to the hospital building. During the next few years the infirm poor of Halifax must have made use of the almshouse, but in 1780 the Court of Quarter Sessions for Halifax, having considered the “usual practice of Some of the neighbouring Colony’s respecting the appointing Frequently young Gentlemen that became Qualified in their Medical Capacity’s (and more Especially Natives) to take Care of the Diseased Poor, and as an Encouragement to such Qualifications”, appointed to this position Malachy Salter who had come from London with recommendations from eminent medical professors.

Pioneer Hazards and Public Health Measures

So much for the organization of “state medicine”. But what of the conditions behind the organization? What diseases were most common, how were they treated, and with what success? These questions are of great interest to the social historian. Doubtless the medical interpretation of history has been over-emphasized by some of its exponents, particularly certain modern biographers, but at the same time health, or lack of it, is apt to have far-reaching effects which are not always confined to the social sphere. For example, it was reported in the fall of 1775 that the Americans had planned an invasion of Nova Scotia but had postponed it partly on account of the epidemic of small-pox at Halifax. Would it be too absurd to suggest that a microscopic germ might claim some credit for keeping Nova Scotia within the British Empire?

The climate was considered remarkably healthy and “not subject to Epidemical Diseases”, a fact which Captain John Knox attributed to “the myriads of venomous reptiles and insects that absorb to noxious vapours, and purify those misty exhalations, which might otherwise naturally be supposed to be offensive and unwholesome”! Yet in spite of the salubrity of the air and the outdoor life of most of the people, they did fall victims to certain diseases, of which the most common was the small-pox. Ex-Governor Mascarene wrote in 1752 that he did not want his son to go to England until “he had got over that evil which most people are liable to go through once in their life.”

Most of the inhabitants, however, did not regard the “evil” with such resignation; there are several instances of jurymen asking to be

excused from their duties because they had not had the small-pox, and elaborate measures were taken to prevent its spread. Although one gentleman writing in the local paper asserted that "this Distemper was not Contracted by Contagion which probably indicates a disposing influence to this Malady either in the generality of Constitutions or the Air", it seems to have been generally understood that it was contagious. In 1760 the Assembly passed an Act "to Prevent the Spreading of Contagious Distempers" which was particularly concerned with preventing infection from ships entering the harbour. Any vessel carrying "any Plague, Small-Pox, Malignant Fever, or other Contagious Distemper" was to anchor at least two miles below the town, and must obey the Governor's orders "for performing Quarantine, for the Airing and Cleansing the Passengers, Vessel, and Goods on board, and for removing the infected and sick persons out of the said Vessel". Later in the same year it was ordered that all vessels be stopped at George's Island (in Halifax Harbour) and the passengers examined before being allowed to land.

These measures seem to have been reasonably successful, for there was no real epidemic until 1775. In August of that year the inhabitants of Windsor requested a proclamation to prevent the spread of the small-pox "during the continuance of the Harvest", and were informed that since there was no law on which to base such a proclamation, they must make their own regulations. This request may have led to an Act passed a few months later which gave explicit directions for the segregation and care of victims, and for defraying the expense in the case of indigent persons; "Provided that any person or persons desirous of being Inoculated (for the small-pox) themselves or of having their families Inoculated, may Proceed therein, provided that the house or place wherein they dwell or reside during all the time of being Injected with the small-pox shall be at least one hundred and sixty rods distance from any other house or dwelling, and that they take care to prevent and restrain all persons infected from going from thence further than eighty rods from such House, and also that their desire of Inoculating be made known in the Townships where they dwell, and a flag hung out at their said house, to the end that all persons may take note thereof and avoid, if they see cause, going near such houses or places". Strangely enough, nothing in this Act was to apply to the town of Halifax. Possibly the houses were too close together to make such segregation practicable.

The Act seems to have had some effect. At Liverpool the Justices and Overseers of the Poor were kept busy "consulting for the safety of the town". They hung out flags, measured the required distances, and set up a "hospital" for inoculated patients. At Horton the Grand Jury presented two men "for Introducing the small-pox into this Town

Contrary to a law of this Province", and both acknowledged that they had inoculated their families, but pleaded that they did not understand the law. The precautions required during the period of inoculation were very necessary, for in the days before vaccination the matter injected was taken from a human small-pox sore, and although the patient thus treated usually contracted the disease in a mild form, anyone taking it from him would suffer the usual violent effects. The inoculated person, by protecting himself, might easily start a serious epidemic, and it was this danger which the Legislators wished to avoid.

It seems somewhat remarkable that the practice of inoculation was so commonly accepted in Nova Scotia at this time. Only fifty years earlier Lady Mary Montagu had tried to introduce it into England, with conspicuous failure. She had been impressed by its widespread use in France where "thousands undergo this operation and the French ambassador says pleasantly that they take the small-pox here by way of diversion . . . there is no example of anyone that has died of it, and you may well believe I am satisfied of the safety of the experiment, since I intend to try it upon my dear little son". But the English public did not see her point of view, and Cotton Mather, who took up the cause in Massachusetts, met with the same opposition. Yet while the English and New England clergy held forth on the wickedness of thwarting the will of Providence, the Sermon in favor of inoculation by the Rev. Dr. Breynton, rector of St. Paul's, "has been the means of conquering the Prejudices, and preserving the lives of many People", and the S.P.G. missionary De La Roche wrote from Lunenburg:

"As soon as it was spread enough to be certain that inoculation could not be charged with the further propagation of it, I gave the example and inoculated my eldest child. . . . But this method was not relished by the generality. It had not made its way to their native town and villages in Germany and other Parts before they emigrated; and so, prejudice and fanaticism played their parts with such success, that not above a hundred subjects have been inoculated; all of which did very well, not one being ill enough to keep the bed."

The robust constitutions and outdoor life of the Germans must have stood them in good stead, for not everyone escaped so easily. Dr. Breynton wrote that the disease was peculiarly fatal to Americans, and that all his persuasive powers had been necessary to overcome their aversion. The Indians, too, were most susceptible, and "have so great dread of it, as to be entirely disheartened upon the first symptoms and cannot be prevailed on to use any means for their recovery". Such fears were not without foundation; in spite of Lady Mary Montagu's assurances, inoculation frequently proved fatal. The following figures given as late as 1801 are somewhat startling: of 91 persons who died

of small-pox in Halifax during that year, 70 had taken the disease "in the natural way" and 21 by inoculation. The pages of Simeon Perkins contain frequent mention of deaths from inoculation, and on March 25, 1776 he wrote: "The people meet concerning the small-pox, and generally sign an agreement not to be inoculated." The other towns seem to have been more willing to take the risk: in Kings County the "Inhabitants Generally resolved on Inoculation"; and an enthusiastic Halifax surgeon expressed the view that "The Happy Effects of inoculating for the Small-Pox is too well known to need any Arguments to persuade a reasonable Person to prefer Inoculation, to taking this Disorder in the natural way". This doctor, however, had a reason for his optimism. He charged ten shillings for inoculation, medicines and attendance, and six dollars for private patients who wished to make use of his commodious house furnished with candles, beds, and a nurse. The popularity of this practice is shown by the following notice:

"It will undoubtedly be agreeable to the public, at this critical Juncture, to hear from unquestionable Authority, that Messrs. Phillips and Farie's first Class of Patients, consisting of between one and two Hundred, inoculated for the Small-Pox, are now by the Blessing of God, all save over the Disease; without having had one bad, or unpromising symptom. The Patients were of all Ages from Fifty Years down to less than One."

The method used may be of some interest. One philanthropic surgeon published in the Halifax paper "A few hints on method of Inoculation which may be of use to Poor families unable to pay a Practitioner", in which minute directions are given concerning diet and medicine. The patient must abstain from meats, spices, butter, wine, and all highly seasoned food, and must avoid "severe Exercise, violent Passions, or Warm Rooms". Powdered jalap, "Calamel" and "Tart Emittick" are recommended, as well as barley water sweetened with brown sugar, "and one ounce of powdered Cream Tart in half a Gallon of the Decoction". With reference to the actual operation, the best method was "by small Punctures of a Lancet dipped in the variolus matter". This was probably the same process as that described with such spirit by our friend Lady Mary Montagu:

"The old woman comes with a nutshell full of matter of the best sort of small-pox, and asks what vein you pleased to have opened. She immediately rips open that which you offer to her with a large needle (which gives you no more pain than a common scratch) and puts into the vein as much venom as can lie upon the end of a needle, and after binds up the little wound with a hollow bit of shell; and in this manner opens four or five veins."

It must not be supposed that small-pox was the only dreaded disease. There are occasional references to yellow fever among the

troops at Halifax and on at least one occasion a fever was said to have been caused by the great quantity of rum sold to the soldiers by unlicensed retailers. Indeed, the presence of the troops was responsible for many undesirable conditions in Halifax, particularly the prevalence of venereal disease. Grant had mentioned the large number of such patients in the hospital, and had claimed to be able to effect a cure for forty shillings. Probably a more popular remedy was the use of "Keyser's Pills well known for their efficacy, in curing the Venereal disease with secrecy and dispatch".

A complete catalogue of Nova Scotian ailments would be tiresome and unnecessary; it is fortunate that a concise summary is ready to hand, for surely nothing was omitted from the list of disorders which would be immediately cured by that all-powerful patent medicine "Sal Salutis or Salt of Health". The list included jaundice, leprosy, scurvy, king's evil, hectic fevers, consumptive weaknesses, fresh colds, rheumatism, female weaknesses, constipation, ulcerated legs, and yellow fever. Yet in spite of this imposing inventory, the people were not unhealthy. Outdoor exercise, active lives, and nourishing food made up for the lack of modern sanitary knowledge. In pioneer life it is generally the mind that is neglected, not the body, and these Nova Scotians were no exception. We have examined some of the measures, official and otherwise, which were intended to hold together the bodies and souls of poor, infirm, neglected, and diseased individuals, and while these measures may seem primitive to us to-day, they were at least as enlightened as current practice elsewhere in the eighteenth century.

APPENDIX

State of the Orphan House at Halifax, 1752-1760

Year	Total number admitted	Number of Orphans	Number Physically Unfit	What had happened to them by 1760		
				Died	Discharged	Still in orphan house
1752	72	61	51	15	56	1
1753	41	26	25	7	32	2
1754	13	9	10	1	10	2
1755	39	23	28	10	26	2
1756	25	11	15	7	16	2
1757	24	18	18	1	21	2
1758	36	24	20	17	11	8
1759	15	8	5	3	8	4
1760	9	4	1	0	3	6
	274	114	173	61	183	29

N.B. This is not a copy of the manuscript document, but an abstract drawn up from the more detailed information given therein.

Can. Arch. N. S., A. 66. Acc't of Orphan House, June 8, 1752—May 31, 1761. Enclosed Belcher to Lords of Trade, Nov. 3, 1761.

More About Lay Participation

DR. KENNETH H. ROGERS

General Secretary, Big Brother Movement, Toronto

IT HAS BEEN a rather delightful hour and a half or so. For I did enjoy reading those articles on "Lay Participation in Social Work". They appeared in the latest number (July, 1939) of the "Canadian Welfare Summary". Dr. G. F. Davidson really goes to town in the feature article; and some interesting sidelights are thrown about by Miss Gwendolyn V. Shand, Mrs. Jack Pembroke, Miss Mary Jennison and Miss Norma Touchburn.

Ruminations several times suggested to me that here in Dr. Davidson's discussion is to be found more than just a thesis logically presented, and enlivened with an occasional whimsy, in support of lay participation in social work. For here is also an appeal to social workers to get serious about this thing—social work never can be a professional hideout. Also, there is a word of caution to professional social workers to beware the pitfalls of a professional provincialism. No less is there a challenge to them to slide gracefully and with a good humor off the top of that high horse they have near-sightedly climbed and to put both their feet on solid earth for a few more developmental years—remember the comment on Sydney Hollander's paper, "A Layman Looks at Social Work"—"It would have gained him the award for the most brilliant paper of the year—except for the fact that the man who gave it was a layman"!

The agile pen of Dr. Davidson has indeed produced a superior article on a subject that could do with a good deal of airing. A study of the need and place of volunteer service in social work—the rising tide of lay participation comes in again; the author admitted this point—has been rightly conceived, delightfully proposed, and smoothly executed. It only remains for the proposals to be practiced. While the ancient Greeks are being formally introduced to support a modern trend, we strain our eyes a bit looking through the stained-glass windows of the Gothic arches to discern the outlines of any workshop within those walls where the hammers of experience might be striking the anvils of reality. It is not in vain that we tax our vision. We liked being reminded of that point about requiring "only the conversion of the key persons" in order to "influence the thinking of an entire community". Much of this is away beyond textbook material. Again, reread this paragraph with me—

"The right kind of friendly visitor—I almost said good neighbor—calling as a fellow citizen, not as a paid worker—nor, mind you, as a Lord or Lady Bountiful—evokes a response that only a lay

worker can bring forth; and a lay person, speaking with sincerity, intelligence and conviction on social welfare issues or agency programmes, carries weight with other lay persons all the more because he speaks as an ordinary citizen, with no suspicion of an axe to grind. The lay person pleading the cause of social work "comes into court with clean hands", and once again confirms the wisdom of the social worker's operating through others in influencing community thinking on social problems." (p.8)

The voice of experience has a distinctive timbre of its own.

As we read on into the other articles—those of Miss Shand, Mrs. Pembroke, Miss Jennison—we were a little disturbed that these, obviously, wielders of the hammers of experience had completely forgotten that there can be—perhaps indeed should be—some Gothic or Doric or Colonial lines to the edifice. Of course, crowded areas do not allow architectural niceties to be observed to the best advantage.

Maybe that is why it was a bit stimulating to end up the series with Miss Touchburn's discussion. Imagination is still in flower—for does it not take imagination, fanciful, gay, yet neatly dressed, to see "social work" of the Family Agency extending its reach to the 575 active volunteers while all the while the "lay participation" more directly implied in the leading article refers to the unstated but deftly indicated 32 or so persons? Let us review for a minute or so some of Dr. Davidson's phrases—"family visiting, assessing of relief needs, case loads of four families, and this actually in private agencies"—"a system of Volunteer visitors"—"a skilled and capable (social) worker, able to project her ideals, skills, and leadership through a group of volunteers under her direct supervision can accomplish a vastly greater amount of work—yes, even case work,—with a vastly greater case load receiving unhurried personalized individual service, than can that same worker mired under an intolerable load that Atlas-like she endeavors to carry entirely on her own sagging shoulders." (p.5)—"Seeing to it that our lay workers get opportunities that we have so long denied them for direct and personal participation in the problems of social work. We need not rub their noses in the worst of the problems that we have to meet, but we can at least ensure that they get their feet good and wet". (p.6) Surely through the medium of these quotations we are directed to think about, let me call it, "social work in the narrow sense"—or if I might venture another way of expressing it, the individualized service of the professional social worker as against "giving out directly . . . articles of used clothing."

Big Brothers Analyze Volunteer Programme

It is not so long ago that we had recorded monthly and annually, as one indication of the extent of the service rendered by our organiza-

tion, that we had 750 active "Volunteer Big Brothers". And there were cards for all of them in the file. All had helped the organization at some time in some way. Perhaps it was the loan of a car for transporting some boys to the camp, or in getting a lad to the hospital, or perhaps he was a leader of a hobby group, or he was a "big brother" to a needy fatherless boy—and 101 other things. Perhaps it had happened ten years ago or perhaps it was in process now. When we had analyzed and classified the group, we found that we had 12 real volunteer Big Brothers. A Big Brother can be a splendid illustration of lay participation in actual case work. Do not let the ogre of misunderstanding get you here—there is no belittling or denying the value of the service rendered in the doing of these 101 other things that have to be done and in someone's time. These are real, vital and invaluable services toward social welfare and the wider community services of individual private agencies. However, this is not what Dr. Davidson is primarily interested in when he so ably appeals for volunteer social workers to relieve the heavy case-load burdens of professional social workers and in his suggestion that we see to it "that our lay workers get opportunities that we have so long denied them for direct and personal participation in the problems of social work". It was my pleasure and privilege also to meet and talk with "the lady from Liverpool" and most certainly, as I remember it, she spoke on behalf of the "use of large numbers of volunteers in case work in a family agency".

There is some concern on my part as to whether or not I should be amazed that in these articles no one has mentioned the point that volunteers in social agencies may actually be more bother and trouble than they are worth. This matter is mentioned here only because, of recent date, when our organization was proposing and planning to reintroduce the use of volunteers into our case work programme, several supervisors and social workers alike questioned our considered wisdom on just that basis. As one supervisor expressed her view on the subject—"While you are outlining to the volunteer what is to be done, explaining misunderstandings and correcting mistakes, you could have done the whole thing yourself in a satisfactory manner several times over and have avoided considerable trouble". "Do you really think it is worth while?" is a comment that came from several sides. However, inspired by our laymen Board of Directors, supported by the good wishes of several social work executives, and determined to give the thing a thorough try, the Big Brother Movement last year established its Volunteer Big Brother Department. This was for the sole purpose of directing lay participation in our case work programme—and quite apart from the volunteer assistance given in other departments of our work.

Selecting the Volunteer Key to Success

Picking out the most important feature from a number of seemingly equally fundamental and important features of any scheme is difficult at any time. This was especially true once we had determined to drive ahead toward our goal. Rightly or wrongly, it was decided that the selection of volunteers was the fundamental feature of a successful use of volunteers.

Hardly less fundamental was the work of the committee controlling the selection of volunteers. This committee—the Volunteer Big Brother Committee—was made up of all new lay material; the chairman was especially selected for the job and then appointed the representative of the Board of Directors on the committee. All members of the committee are business executives and all are comparatively young men. One of the field secretaries of the organization was “promoted” to secretary for the Volunteer Big Brother work, and is secretary of the committee. The President and General Secretary of the organization are ex-officio members of the committee.

Along with the task of selecting the Big Brothers, the committee has the responsibility of selecting the boy (and the family) for the Volunteer. Recommendations to this end are made by the secretary. It has become very obvious to the committee that certainly not all men are capable of being satisfactory lay social workers, bearing out the proposition that selection is a fundamental feature in this work. Also the boy must be the right type for the volunteer.

Volunteers must be recommended for this service by some member of the Big Brother organization. Following this he is interviewed as a prospect by the Secretary. He may on this occasion be given “An Interest Inventory”—which to all intents and purposes is an application form. Names sometimes make a difference. Among other things this form requires the names of two persons as references. Using the information secured through these approaches the committee selects its Volunteer Workers. To date a few more than half of the prospects have become active volunteer Big Brothers.

The whole idea is working out very successfully. Volunteers, properly selected and under requisite supervision, can do very successful case work. Furthermore they can do many things contributing to good case work that the professional worker either cannot do at all or can do only with great difficulty. I cannot help thinking, in passing as it were, of the Volunteer whose daughter has discovered in the little brother a very promising musician, and, since she is a capable music teacher, is giving—literally—the lad proper guidance in this direction. This same volunteer, because he is a man with grown up children of his own, can and does talk to the mother and father in a

directive way that is possible with very few professional workers. There is the other layman who separately and at different times has taken a keen interest in two boys—one practically homeless—and has gradually worked both of them into his business as apprentices and into the community as worthy and successful citizens. Another volunteer is a chemist in a large industrial firm. His knowledge and experience is invaluable to his relationship with a boy whose hobby is the early stages of chemical experimentation. Again—in spite of the fact that I intended to give but two illustrations—there is the business executive who is directing the homework, the daily routine, and recreational interests of two rascally lads, and not only is he really getting somewhere with a rather difficult mother, but he and his wife have taken a real interest—in an objective and sane manner—in the general welfare of this family.

We are exceedingly grateful to Dr. Davidson for his splendid paper. In commenting upon it, I wish to indicate that the layman can participate successfully in social case work. It is our contention that selection is all important for this success—of the volunteer in the first place, and of the client or “case” for the volunteer, in the second. Regularity of follow-up and tolerant supervision become the agency’s persistent responsibility. The Big Brother sees the individual boy.

Miss Whitton Honoured by King’s College

OUR HEARTY CONGRATULATIONS to Miss Charlotte Whitton, our Executive Director, on her recent honours.

At the recent 150th anniversary celebration of the University of King’s College, Halifax, the oldest university in the Overseas Empire, the degree of Doctor of Civil Law was conferred on her, *honoris causa*, in recognition of her outstanding services to Canadian social welfare.

The list of those honoured along with her is a notable one, including the Chief Justice of Nova Scotia, Sir Joseph Chisholm, Mr. Justice Fairweather of Saint John, N.B., Miss Kathleen Russell, director of the School of Nursing, University of Toronto, Principal A. H. McGreer, M.C., Bishops University, Lennoxville, and President Sydney E. Smith, University of Manitoba.

The celebration brought together a large number of alumni and friends of the old university which was founded in 1789.

R. V. HARRIS.



MATERNAL and CHILD HYGIENE

Special Care for Premature Infants in Rural Homes

ROBERT C. HUME, M.D., M.P.H.

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IN ATTACKING the problem of reducing infant mortality, it has been obvious that premature birth was an important factor, accounting for 40% or more of all deaths of infants under one year of age. In some states, notably Massachusetts, the Department of Public Health has approached the problem of improving care of premature infants with the idea of hospitalization for all babies under five and one-half pounds at birth. Though this is theoretically an ideal plan, it was not entirely suitable to a rural area such as Cattaraugus County, whose population of 73,000, scattered over 1,343 square miles, is served by four general hospitals without separate premature nurseries. Forty percent of the 1,400 births each year in this area are home deliveries chiefly because of geographic isolation and financial inability on the part of these families to meet hospital expenses.

It has been stated in pediatric textbooks for over thirty years that the three chief needs of prematurely born infants are maintenance of body temperature, proper feeding, and protection from infection, yet these needs had not generally been met in rural areas. The farmers' families in our County could not, in many cases, afford even ordinary hospital care. Furthermore, premature babies frequently arrived unexpectedly. They needed help for premature babies in their homes. Therefore, a local program to meet the need of the premature baby was started about two years ago.

In general this program for the care of premature infants in a rural area consisted of:

1. Instruction of the health department staff as to the needs of prematures and methods of meeting these requirements.
2. Provision of portable incubators or heated beds.
3. Informing the medical profession of the County regarding the care of prematures and the equipment available.
4. General publicity.

Staff Education

The provision of proper nursing is probably the most essential part of any program for reducing infant mortality due to prematurity. To make this available the County Department of Health sent its supervising nurse, Miss Marion Murphy, to Boston for the two-weeks training course at the Boston Lying-In Hospital premature nursery. Here she was able to observe and practice the most approved methods of hospital care for premature infants. On her return she was able to adapt these newer techniques for use in homes, and to instruct the staff nurses of the department in these special nursing procedures.

The Health Department's Consultant in Maternal and Child Hygiene, from the County Medical Society, visited the Sarah Morris Station in Chicago, learning from Dr. Hess the special techniques used there. He has discussed these methods before the practicing physicians and serves as a local consultant for special problems concerning premature infants.

Portable Incubators

Our first portable incubator was a metal hooded crib, obtained from Dr. Hess in Chicago. It was heated by an electric bulb. This model was later modified by the addition of an inexpensive thermostat, such as used in chicken incubators, and several of these were made for us by a local metal working plant out of sheet metal. Later further modifications were made and a more efficient unit, with the heating element beneath the baby's bed and a more easily adjustable thermostat, was designed. For homes without electricity, it was equipped with metal flaps allowing the placing of heated bricks, stones or flatirons beneath the baby's bed.

The County Health Department now has a dozen of these portable incubators distributed throughout the Country in district health stations, where they are quickly available on request of local physicians. These incubators effectively maintain a uniform environmental temperature around the baby. Of almost greater importance is the fact that this device is a consistent reminder to the family of the special need of small infants for good nursing care and protection from infection.

The most recent and useful incubator is 29" long, 16" wide and 20" high, constructed of sheet metal and weighing about forty pounds. The baby rests on an insulated tray above the 150 watt heating element, regulated by a thermostat which can be adjusted from the outside to maintain any temperature from 70 to 100 degrees Fahrenheit. The baby breathes room air. The question of increasing humidity, a factor stressed in some large hospitals, has not concerned us greatly for in many country homes where wood fires are used the problem has not been as acute as it would be in steam heated city apartments. When heated with bricks or flatirons there is, of course, no automatic feature available and additional attention is required.

In other parts of New York State similar incubators have been made of plywood by National Youth Administration workers at a cost of about ten dollars for materials. The cost of our metal unit varies from twenty-five to sixty dollars. From early experience, we have learned that cheaper thermostats without calibration caused some dissatisfaction because of difficult adjustment. Therefore we now use a more expensive thermostat* in which calibration from 70 to 100 degrees Fahrenheit is visible from the outside.



Education of the Medical Profession

Simply providing incubators did not solve our problem. It was essential that the local practicing physicians who actually deliver and care for the premature infants be informed as to the special care

*Klixon C-3595 Duct Thermostat, (range 70-100 degrees Fahrenheit), Spencer Thermostat Company, Attleboro, Massachusetts.

required for small babies. For this purpose an Institute on Care of Premature Infants was organized a year ago. All physicians in the County and those in adjoining counties who practice here were invited to an evening meeting at St. Francis Hospital, Olean, sponsored by the Cattaraugus County Medical Society. Dr. B. B. Breese, a pediatrician from Strong Memorial Hospital in Rochester, who had conducted a special study of premature infants, was invited to address the physicians. At this session mimeographed material, containing an outline of special requirements of small babies and also the hospital routines used at the Sarah Morris Station for prematures in Chicago and at the Boston Lying-In Hospital, was given out. The public health supervising nurse then demonstrated the use of incubators, premature jackets, gavage feeding tubes, oxygen administration apparatus for infants, and various types of suction apparatus. To make sure that these newer techniques could be applied when ordered by the physician, an afternoon session for nurses caring for newborn infants was also provided. At this meeting special procedures were demonstrated and discussed in detail.

General Publicity

In addition to informing the doctors and nurses of what they might do, it seemed wise to interest the public in the problem of premature infants. For this purpose exhibits at two successive county fairs were designed to bring the problem of saving premature babies to the attention of the public. Newspaper articles were printed, with photographs of incubators in use for local babies. Repeated reference to this program was made at meetings of the Cattaraugus County Council of Maternal and Child Health. These steps, together with demonstrations in the home by our public health nurses, have spread knowledge of this program to a large proportion of our population. Now most families welcome an incubator when needed in the home, not only for the uniform environmental temperature which it provides for the baby, but as a symbol of the special need of their small baby for careful feeding, good nursing care and protection from infection.

Results

More than fifty babies have been placed in incubators supplied by the Cattaraugus County Department of Health in the past two years. These have been used in rural and urban homes, maternity homes and each of the hospitals. Most of the hospitals in the County now have their own incubators or heated cribs, but calls from these hospitals still come to us for additional units when several small babies are being cared for at one time. So far we have been able to supply an incubator within a few hours to each physician requesting one for home use. The babies are kept in the incubators for from two weeks

to five months, according to the private physician's orders and the baby's condition.

In several instances babies born prematurely at home have been placed in an incubator and, with this protection, transported to a hospital by automobile. The incubator usually stayed at the hospital until the baby was discharged to the home, in the incubator if necessary.

With the increasing realization by physicians and the public of the facilities available, more calls come to us for incubators to be sent to private homes when prematures born in hospitals are being discharged. This gives the public health nurse an early opportunity to instruct the mother in the special care of the small baby when she goes to the home with the incubator requested by the family physician. The closer the co-operation between the hospital and the public health nurse the better, in this as in other matters.

Because of the small numbers involved a statistical analysis of the effectiveness of this program is, as yet, impossible. It is the feeling of our department and the medical profession here that more prematurely born infants are being saved.

It is realized that home care of prematures is not in any way superior to hospital care, but where the latter is not available a small amount of relatively inexpensive equipment, supplemented by special nursing care, has made it possible to improve the chances for life of small infants born at home.

Pneumonia as a Factor in Infant Mortality

The third of a series of notes on important factors in infant mortality.

AS THE summer months are over and the winter will be coming soon, it seems fitting that this third of a series of articles on the chief causes of infant deaths in Canada should deal with a complaint of the winter months, pneumonia.

Pneumonia was responsible in 1937 for 16.6 percent of the 16,693 deaths and in 1938 for 11.9 percent of the 6,486 deaths among children below the age of one year; in 1937 for 3.3 percent of the 7,527 deaths and in 1938 for 3.4 percent of 2,970 deaths among infants under one month of age. From these figures it may be surmised that the better care taken of infants during the first few days of life has resulted in a

much smaller proportion of neonatal deaths from pneumonia than occurs during the first year of life. It might therefore be profitable to discuss a few aspects of infant care during the first year which may have an influence upon the incidence of pneumonia in this age group.

To maintain the optimum state of health, every infant must be properly nourished, must have rest, fresh air and exercise and must be protected from contact with any person showing signs of an infectious disease, from infected articles or from any crowded place where germs of infection may be picked up.

Persons of every age either have or have not got a good resistance to infection which depends to a very large extent upon their state of nutrition. Good nutrition is even more important to the young baby who, having had no time to build up a serological immunity to the ordinary germs which may be harmless to adults, needs a diet perfectly suited to his needs if he is to withstand infection with these germs.

The diet best suited to the majority of infants during the first few months of life consists basically of mother's milk, supplemented by certain protective foods containing vitamins. Of the latter, cod liver oil which contains vitamin D is essential for the preventing of rickets but it has very little effect upon the incidence of respiratory infections in infants and children. Vitamin C, on the other hand, is believed to have, in addition to its power of preventing scurvy, a definite value in the prevention of respiratory diseases, particularly in infants and young children. Vitamin C is found in its natural state in orange and tomato juice, and can be obtained in a concentrated, synthetic form as cevitamic, or ascorbic, acid.

If, for any reason, a mother is unable to nurse her own baby, it is sometimes possible to obtain properly prepared mother's milk in some cities in Canada, and, in any case, artificial feeding of the infant should be under the careful supervision of a physician.

Because of the severe weather conditions found in this country during the winter months, there is a tendency to overprotect babies from the cold by keeping their rooms too hot and by clothing them so warmly that they become overheated. In reality, there are few conditions which will predispose infants to respiratory infections so readily as will overheating in this way. Whether indoors or outdoors, an infant's clothes and bed coverings should be warm enough to keep his hands and feet warm, but never enough to result in sweating of his hands, feet or head.

Undisturbed sleep in a cool room with the window open but screened against drafts, together with short periods of unrestricted exercise at bath and before bed time will complete the regular, health building programme of the young infant.

Protection of infants under one year of age from contact with persons suffering an infection of any sort is of paramount importance in preventing respiratory diseases from developing in these children. Scrupulous cleanliness must be observed by those who have any responsibility for caring for infants. Before touching any article which will come in direct or indirect contact with the baby, the nurse or mother should thoroughly wash her hands, and all utensils used to prepare and administer feedings should be sterilized before each use. It is also important to wash both before and after changing the infant.

Although it may be impossible for a mother to keep entirely away from her baby if she has a cold, she can still protect him from picking up her infection by the simple expedient of wearing a mask, made of four thicknesses of gauze to the four corners of which are attached tapes to tie around the head, over her nose and mouth. There should be at least two or three of these masks in every house where there is a young baby, so that they can be washed and boiled after each time they are used. When the mothers and others caring for infants in this country are taught to realize the importance of such a simple precaution in the protection of babies against the respiratory diseases that may develop into pneumonia, the slight inconvenience of such a procedure will be overlooked in comparison with its value as a life saving measure.

If, despite all precautions, an infant should develop an upper respiratory infection or what seems to be an ordinary head cold, he should be kept in bed in a room with an even temperature and fresh air, and should be given as much cool, freshly boiled water to drink between regular feedings as he will take. Particularly is this important if, as is often the case, diarrhoea should result from this infection. Although it may be considered foolish for mothers to rush to their doctors for every small upset in their baby's regular health, it is extremely important that no infant should go without the care and supervision of a doctor if his cold lasts longer than three days.

Much has been said about the treatment of pneumonia with specific serum in the past few years, but it is impracticable and unsafe to use this type of treatment for infants and young children. However, we are fortunate in having a new drug, pyramidon, available within the last year or so, which has proved a life saving factor in many cases of infantile pneumonia recently. It can, however, be administered only by a doctor, so consultation with the latter is still of the utmost importance if the number of infant deaths from pneumonia in Canada is to be reduced in the years to come.

J.K.L.

CHILD CARE AND PROTECTION



The Child and the Institution

ROBERT E. MILLS

Director, Children's Aid Society of Toronto

An Address to Annual Meeting of the Boys' Home, Hamilton, Ontario, 1939

I COME TO YOU as a very humble worker for the welfare of helpless children. In such a group as I see before me I make just one more of those struggling enthusiasts like yourselves, anxious to do a really good job—fearful only that we may not measure up to the increasing responsibilities that are being thrust upon us. The ever growing need for assistance to children, arising from the increasing complexity and difficulty of life, on the one hand, and the notable accumulation of knowledge and resources for dealing with them intelligently, on the other, present a challenge that none of us can escape.

This organization is one that I understand is “facing up” frankly and bravely to its responsibilities. That task can never be easy, especially if there is considerable progress to be overtaken.

Mistakes are bound to be made and progress can only come a step at a time. The important thing is that we should know where we are going and that we should keep moving in that direction.

Considering what message I could bring to you that might be of use in the adventure you have so gallantly undertaken, it was suggested to me that I might describe in detail some excellent institution that might be commended to you as a pattern after which you might profitably shape the development and operation of your own. The suggestion has much to commend it from the point of view of definiteness and concreteness of presentation, but I am not going to follow it.

The truth is that I do not want you to get too definite an idea of the kind of institution that you should conduct. To my mind this is the greatest pitfall that besets an institution. Boards become obsessed

with the idea of running a certain kind of institution in a certain way and the purposes to be attained are submerged or forgotten. The institution gets entirely out of touch with the needs of the changing situation and eventually may become a veritable drag upon the wheels of progress instead of an efficient motor helping to push those wheels along.

Rather, I would wish to emphasize the need for which the organization operates. Instead of glorifying this or that or the other institution let us rather be eager to follow the social need wherever it may lead us.

It has always been my contention that, if a board understands clearly what it really wants to accomplish and has a fair amount of energy behind it, it can be trusted to work out the details, getting expert assistance as it sees the need.

The "Long View" in Child Care

With this in mind, may I use the remainder of my swiftly slipping twenty minutes to suggest, in a word or two, some of the principles and purposes that I think a child caring organization should keep in mind?

In the first place, caring for children away from their own homes is not an end in itself. It is a substitute, and inherently not a very good one, for care in the child's own home or with his own people. Modern social thought is solid in the belief that the first duty of an institution is to see that everything feasible is done to avoid family break-up, even for short periods, if reasonably safe and satisfactory conditions can be maintained otherwise. This means capable and constructive case work on applications for admission. It means also that preparation should be constantly in mind for the child's return to his own home, if such is to be contemplated.

Secondly, in caring for the child who is finally admitted to the agency there are a few fundamental considerations that should never be lost sight of.

Most important, as the basis of everything else in child care, is the necessity for taking the "long view". Every detail in the care of the child must be considered in terms of its probable effect upon the child—will it tend to develop a more capable and satisfactory personality when the contact with the institution is withdrawn? What will be the effect upon his ability to conduct himself acceptably "under his own steam"?

A committee set up by the League of Nations Commission on Social Questions to study world standards in child placing has enunciated the following principle:

"In discharging its obligations toward the child, the community (and the institution) must have as its objective his training and development as a future citizen rather than his adaptation to any specific type of care."

"If a child has to be given care away from his own home, all his essential needs must be met as they would be by a good and capable parent. The provision of adequate food, clothing, and shelter is not sufficient. The task is rather one of developing a feeling, thinking, and acting person, equipped for the responsibilities of family life and citizenship. Physical fitness, health habits, adaptability to life and people, appreciation of the moral and spiritual values of life, sound judgment, initiative and thrift are typical of the purposes upon which foster care should concentrate."

Another important fact to remember is that most of the children in the care of such an agency as the Boys' Home have parents and relatives to whom they belong and to whom they will eventually return. This is a tremendously important fact that is constantly in danger of being overlooked, or at least minimized, by institutional people. Parents and relatives are a "blessed nuisance" to those who are chiefly interested in running the institution. The job for them would be very much easier if parents could be wiped out of the picture entirely. However, to those primarily interested in the children themselves, parents and relatives are of the greatest importance. If modern psychology has taught us anything worthwhile, it certainly has taught the importance of a sense of security; and the feeling of really "belonging" in a family group is, without doubt, the greatest possible contribution to that fundamental "security". Students of behaviour agree that a lack of such experience is the most prolific cause of the "conflicts" and "complexes" that result in personality quirks and behaviour problems.

Apart from such considerations, the community has a right to expect parents to care for their own children, and from the economic point of view, if no other, the child should be returned to his own home and people at the earliest moment when such can be made feasible.

Both of these reasons suggest the necessity of fostering by all possible means the interest of the parents in their children and of the children in their parents. The building up of mutual understanding and respect, loyalty and affection between parent and child are as much the job of the institution as is the providing of food, clothing and shelter.

It is interesting to note that in this direction is found one of the advantages of institutional life over foster family care. The foster parents and family make a far more effective bid for the affections of the child than does the much more impersonal institution. But this fact in itself makes it easier for the institution to avoid the danger of displacing the real parents in the affections of the child.

A third factor of significance is that the children who find their way into the care of an institution are not inherently different from other children. They have the same fundamental needs but they find themselves in an environment so abnormal that it does not ordinarily meet those needs as readily as the natural family and community situation in which children are usually brought up. Though there are certain important elements of strength in institutional life for children with special needs, it is obvious that there are also important handicaps inherent in the nature of the institutional regime. If an institution is to be really successful in meeting the needs of its children, it must become fully conscious of those natural handicaps and must give a great deal of serious thought and effort to counteracting them.

The Importance of Trivial Experience

From among the many examples that spring to mind, time will permit us to mention only two or three, merely as illustrations of this general proposition.

The outstanding characteristic of institutional life is that it is lived very largely in groups. This implies a high degree of organization, routine, and discipline, which, though valuable in themselves, do not make for individuality, judgment or initiative. If these qualities are desired in the product, very special measures will have to be taken to provide activities that will develop them.

There are various other characteristics that are not favoured by life in the mass. If from morning till night, day in and day out, a child is never alone, there is an important side of life entirely missing. Such characteristics as modesty and even tranquility have no meaning.

A very small part of our personality is acquired from what we are told. The bulk of our character, attitudes and prejudices is accumulated automatically by a mass of experiences more or less trivial. If important sections of experience are missed, we have missed the opportunity to build that part of our nature that would normally have resulted therefrom. Unfortunately, there are whole fields of activity, normal to ordinary life, that have not necessarily a counterpart in the life within an institution, and the concepts and the skills that would naturally develop through such activity are in danger of being non-existent there.

The situation with reference to private property is illustrative. In an institution almost everything is had and used in common and the idea of "mine and thine" has little real meaning in practice and cannot be expected to grow into the marrow of the institutional child. It has frequently been observed that a child brought up solely in an old type institution tends to steal when he goes out into the world. This is not for lack of moral teaching for nowhere are children exposed to so much "Godly admonition". It is merely because they lack experience of this fundamental thing called private property.

Obviously, deliberate provision must be made to foster the concept of things of our own and respect for the rights of others to similar ownership and "peaceful possession". The Boys' Home, I observe from the Secretary's report, has just taken an important step in this direction by arranging for each boy to have a locker in which to keep and defend his possessions.

Ideas of value and of the use of money are closely related to the foregoing. Where everything one needs appears like Manna from Heaven, the relative values of things are not obvious. The whole world of experience and observation in this direction is closed to the institutional child. He does not "shop around" himself, nor does he have the advantage of observing a lifetime of balancing values against income on the part of his parents and his associates. He never hears his parents discussing whether they can buy him shoes from this week's pay or whether the amount is so much that they will have to wait, nor does he see the play of shrewdness and skill as his mother checks off the advantages of quality against the allure of price. Here again definite plans should be worked out to provide this type of experience as much as possible.

One could go on indefinitely along these lines, but sufficient examples have been cited to make clear our point, namely, that if our children are to be equipped to take their places in a non-institutional world we are bound to do two very important and rather difficult things. We must study carefully the characteristics of institutional life and how they differ from those of normal experience. We must then plan and carry out such activities as are calculated to provide the types of necessary experience that are lacking in the institutional regime. This is not easy, but it can be done. Unless it is done, institutional care of children cannot be an unqualified success.

In Summary

In conclusion let me recapitulate.

First, take adequate means to make sure that each admission represents a need in the community that cannot be met better in some other way.

In caring for the child who has been admitted, be sure the care is being fitted to the child, not the child squeezed into the care that is convenient for the institution. The institution is for the child, not for the staff or the board or anyone else.

Be sure that the ultimate effect upon the child is kept clearly in mind.

Remember that most of your children are returning to their own homes and people sooner or later. Pave the way for this with all the patience and skill at your command.

Remember that institutional life is by nature unnatural and tends to develop unnatural traits. Study the inherent characteristics of institutional life and make painstaking provision to offset their undesirable effects and to capitalize their values.

But above all, keep an open mind as to method and procedure, but studiously fasten upon the broad purposes towards which methods are to be directed. Herein only lies salvation in any social venture, than which there is none higher for any sincerely honest and adventurous soul.

Vancouver Federation and Council Appointments

IN JULY the appointments were announced of Mr. Blair M. Clerk as Executive Director of the Vancouver Welfare Federation and Miss Marjorie Bradford of the Canadian Welfare Council staff as Executive Director of the Vancouver Council of Social Agencies. Miss Bradford will also serve as Secretary of the Federation's Budget Committee.

Mr. Clerk had, before his present appointment, served the Vancouver Federation for some years in the capacity of campaign secretary and was for ten years on the staff of the American City Bureau, a well known organization of the United States which conducts community campaigns for welfare purposes. He saw active service and was wounded three times during the Great War. He attained the rank of Major and received the military cross. Mr. Clerk is a graduate of Northwestern University.



FAMILY WELFARE and RELATED PROBLEMS

Pioneering Family Welfare in Toronto

THE YEARS OF 1910 and 1911 were marked in Toronto by intense discussions and searchings as to better ways of caring for the city's needy citizens. The city had outgrown the facilities that had heretofore served its need. These were the House of Industry, which dispensed food in kind, almost entirely from civic funds, and the churches. Immigration had been heavy; low industrial wages and "sweat shop" work in homes were being recognized in their true colors. But the immediate pressure came from a rising tide of unemployment which reached its peak in 1914.

These were the years of the Toronto Health Department's spectacular expansion under Dr. C. J. O. Hastings. Taking the tide at the full he lifted Toronto's health programme from a quarantine and garbage can conception of it, up to be a world pattern for civic health work. He spread what seemed then like an army of public health nurses over every district of Toronto. In its need the city clutched at these nurses for help regarding social problems and relief. Dr. Hastings knew their unpreparedness for this task; he knew too how closely related was the health of these families to their social needs. So he sought out and brought to his department Mr. Arthur H. Burnett, who was signally well equipped for his task. He was made responsible for advising the Department, and especially the nurses, as to what they should and should not do in social service work. To his genius for initiating without dominating, Toronto owes much of the soundness of the foundations of its social work. He kept the nurses out of social work, when it was humanly possible to do so, but he guided them in giving every support to those to whom the task belonged. In this policy he found an able ally and successor in Miss Eunice Dyke, for over twenty years the supervisor of nurses in the Health Department.

Other forces were stirring. The City Council was being pressed further and further into a policy of "grants in aid" to voluntary agencies. There rose a protest that these grants were going to those

agencies who brought the most influential delegations. The City Council was worried too about the rapid increase in the budget of the House of Industry, coupled with a decrease to the vanishing point of its voluntary contributions. In 1911 a Commission was appointed to recommend a way of bringing order and purpose into the city's expenditure on social services. The outcome was the appointment during 1912 of a permanent Social Service Commission. This Commission was given reasonable leeway as to necessary staff.

During this same year, the churches, settlements and other local organizations began to meet fortnightly at University Settlement. They were impelled by the greatness of the need, and by the waste being occasioned by the few families who went from one agency to another asking relief. So after a brief general meeting the group resolved itself into "case conferences" on these troublesome families. These meetings proved so useful that during 1913 similar groups of workers were organized in four other districts of the city.

Neighborhood Workers Joined Forces in 1914

Early in 1914 came two mass meetings of the membership of these five "Associations", at which a constitution was drawn up and adopted. It provided for a "Central Council" (with an Executive) which should be composed of membership from each local association, plus a limited representation from city wide organizations. The Constitution allowed for expansion to nine "local" councils, and it adopted the name, so pleasing and significant, "The Neighborhood Workers Association".

Their first president was Commissioner E. W. Boyd, Judge of the Juvenile Court—a fine intelligent lawyer with a point of view in social work that was far in advance of his day. Ten of the twelve presidents of the Association have been ministers, the eleventh, the director of the Social Science Department of the University of Toronto, Prof. J. A. Dale.

In unity there is strength, and a committee of the Central Council of the Association went that July to the City Hall to present to the Board of Control the urgent need of coping with the suffering occasioned by the acute unemployment situation. They asked for, and were granted, three trained workers to act as N.W.A. "case workers" or "secretaries"—their salaries to be paid by the new civic Social Service Commission. In the years that followed they had ample opportunity to regret the arrangement, but at the moment it seemed so much easier than the prospect of raising private funds for so extensive an outlay. Perhaps those who suffered most were the case workers who tried to serve two masters.

The autumn of 1914 saw another momentous beginning in the opening of Canada's first Social Science Department by the University of Toronto. From students of that first course come the following impressions of the N.W.A. of that day.

The most vivid impression was that of the extreme poverty and suffering in home after home where assistance was meagre and spasmodic. Typical memories are—visiting the home of an attractive Polish girl who came to a settlement club, to find her family sewing on endless piece work in a room so dark that it almost blinded you; an Irish immigrant family with six children taking in a widowed brother with four children and the whole thirteen found living on the wages of one fourteen year old boy; the home after home where the man enlisted to bring the relief of a regular income, and his wife consoling herself with the remark "It's the only way, and the war will be over before he gets to France". That was precisely twenty-five years ago!

Very clear is the memory of that intense serious little local group called the "Down Town" local N.W.A., tackling tremendous obstacles. They tried to elect Mr. Burnett as president but he persistently declined any office. His lectures on Case Work at the Social Science Department sent the students' minds delving after causes and cures. A new world of methods, with consistent treatment, opened up to the students through the cramped little office of the case worker. She patiently enlarged upon "interviews", "visits", "records" and "treatment" to the students assigned to her for their field work.

Perhaps the most thrilling impression was that of one minister who worked in "Earls Court"—a district at the edge of the city where the most ambitious workmen had built their own homes—many of them shacks. Then unemployment had caught most of them in its ruthless grip. He knew them one and all, and month after month he championed their cause in N.W.A. meetings, in church courts and public meetings. That minister, the Right Rev. Peter Bryce, has since been Moderator of the General Assembly of the United Church, but it is doubtful if he ever did finer work than he did in that little pioneer church. He was one of the moving spirits in the St. Clair district N.W.A. and later in the Central Council. He is still a member of its Board.

The student impressions give a true picture of the warp and woof of the N.W.A. in its beginnings. Its characteristics then are also the corner stones of its service to-day. The alleviation, cure and prevention of human suffering—especially in families—is its reason for existence. To effect this, it constituted a forum where the Health Department, settlements, Juvenile Court and such agencies planned their several points of attack. The churches have always had the largest stake in it.

They have supplied resources, volunteers and leadership. The Association employed workers who were and are the ministering hands of the organization; over the years they have also proved themselves to be indispensable advisers, binding into one efficient whole what might otherwise have been a cumbersome octopus. From this staff the Social Science Department has always drawn lecturers, and its case workers have invariably welcomed the perennial crop of students assigned to them for supervised practical experience in family welfare work.

The War Period

Having made such unwonted progress during the years of 1912-14, the Association spent the next three years consolidating its expanded frontiers. The local Councils were increased to nine, and each of the Association's three secretaries was expected to give service to three of the local groups. One wonders when they found time to do case work. They felt too the City's pressure to do corrective work with the families receiving House of Industry relief. That the plan held out for three years is a tribute to the calibre of the secretaries employed, two of whom are outstanding volunteers in Toronto's social work to-day.

These were war years. There was a wave of apparent prosperity. The families of soldiers received regular allowances and their problems were handled through a special war-time organization, the Patriotic Fund, made necessary by the lack of organized social work at this period. Therefore, three case workers plus many able volunteers managed to keep up with at least the most urgent needs of that time. It is not surprising that their case records are very brief and are concerned chiefly with matters pertaining to relief.

Preparedness for the Present War

The outbreak of another war brings home to us the almost incredible developments of the intervening twenty-five years. At the depth of the depression during 1934, the N.W.A. was providing service and some of the relief for 11,399 families. In 1918 the Association's financial income was \$22.00 from central Council fees; in 1938 it was \$224,025.24. To-day it stands poised and ready to cope with any emergency that lays heavy burdens on families unable to bear them.

"After Twenty Years"

As an annual report for 1938 the N.W.A. has published a booklet of 60 pages which tells the story of its development—chiefly that of 1918 to 1938. This pamphlet provides an interesting piece of reading, especially as it is amply illustrated, well written and pleasingly set up. It is valuable material for those contemplating or conducting family

welfare work. We understand that copies of it are available without charge at the N.W.A. head office, 22 Wellesley Street, Toronto. As this article is confining itself to "Origins" it will follow the Association's development only for the first part of this "twenty years", when its policy was being developed. In doing this we shall take the liberty, from here on, of making this article something of a digest of this report.

Daring Steps of 1918

As the difficulties with the interlocking control and finances brought the Association to the point of severing its affairs from those of the civic welfare work, Dr. Bryce was at the helm as President of the N.W.A. With abundant courage, although no finances, they notified the Social Service Commission that henceforth they would appoint, pay and supervise their own staff.

At this time a movement was on foot to establish some form of joint financing for the voluntary agencies. Many of the constituent or member agencies of the Neighborhood Workers' Association were involved in the plans under consideration; the business men's interest in the project centred in the Rotary Club. So this Club made a grant of \$5,000 to be used for the first year's salary for an N.W.A. Secretary or Executive Director, who would also act as Organizing Secretary for the projected "Federation for Community Service". Mr. F. N. Stapleford was selected for the task, and the Association's development during the twenty years of his guidance and leadership pays its own tribute to the wisdom of their selection.

Mr. Stapleford surveyed his assets. Physically and financially they consisted of the above mentioned \$22.00 and a minute book. But he was wise enough to realize that the real assets lay in the Central Council and district associations of the N.W.A.

With the aid of the \$5,000 Rotary organizing fund, an office was rented, meagre equipment purchased and a stenographer engaged. The tasks before him were numerous and large. There was a tremendous need of individualized treatment for families in trouble—especially those who might not be receiving "House of Industry" relief. There was need of so organizing the efforts of the churches and other voluntary agencies already in the field, as to preserve the freedom and individuality of their efforts, and yet weld them into an effective whole. Efficiency and democracy are never easy to combine!

The first "Federation Campaign" was in the spring of 1919. While Mr. Stapleford long gave generously of his time to this financial infant, his duties as its Organizing Secretary lasted only up until that time.

Early expenditure of time on students of the Social Science Department now began to bring its reward. The first case workers engaged were graduates of that Department. During the past twenty years this course has provided the Association with trained workers, many of whom to-day occupy positions of trust all over the Dominion.

In the autumn of 1918 the staff consisted of the General Secretary, one assistant and a stenographer. At this time, with terrifying suddenness, the first 'flu epidemic struck Toronto. Whole families were often stricken and their need was not only that of medical treatment and nursing, but of supplies, invalid food and volunteer helpers. With commendable audacity the General Secretary sent a letter to the press saying that the N.W.A. would organize the needed relief.

Then came a deluge—offers of help, requests for help and donations! On the crest of that wave, the Association attained—almost over night—its status as a city-wide co-ordinator of services to families in need. During the first year a "Directory of Social Services" was published and a "Training School for Neighborhood Workers" was conducted. This was an instruction course, one evening a week for eight weeks. It was repeated each winter for several years, thereby developing and strengthening the service rendered by voluntary helpers.

At the end of the year there were four case workers on the staff and the actual year's expenditure had been \$15,352.20. Then began the slow, thorough development of its case work services. It plowed new furrows—peculiarly Canadian ones—in its development of team work with the churches, Department of Public Health, and innumerable voluntary agencies. The nine local associations played their part in this growth. A school principal, who received assistance in handling a family problem, was more likely to respond to an invitation to an Association meeting. Once there, his interest was extended to the many and varied projects of the Association.

Nineteen-twenty saw the next significant step. The depression of 1920-21 prompted the first Toronto "Unemployment Relief Fund", and the City Council entrusted the administration of it to the public health nurses. They called upon their allies, the N.W.A. inviting them to send a worker to each of the nine district offices of the Department of Public Health. The Health Department provided office or desk space, and the N.W.A. worker offered guidance in social service matters. So came the N.W.A.'s de-centralization of staff. The worker's closer association with the district, the voluntary workers and the families needing assistance proved invaluable. Many and interesting developments have been the natural outgrowth of this significant move.

During this same period were several new departures, each of which constitutes a story in itself. The Christmas Exchange was

founded and the Camp or Fresh Air Exchange with its adjunct of a Country Homes Department. This latter has developed until 1,159 persons were given a summer holiday under this plan alone last summer. An illegitimacy survey resulted in the Association's setting up an Illegitimacy Bureau in 1920. Five years later this task was handed over to the Infants Home.

As the work grew, a weakness showed up in its plan of organization. The Central Council was concerned in the social welfare of the whole city, and each member was wrapped up in the financial and other affairs of the society he represented. None of them seemed the obvious people to take hold of the finances and business management of the whole growing concern. So 1922 saw changes made in the constitution, to provide for a Board of Directors composed chiefly of business men. With its advent came financial and building developments that are still continuing. A central office has been purchased and three district office buildings have been bought or built to accommodate the offices of most of the social and health agencies operating in that district.

Bolton Camp was founded in 1922. A Camp Committee of the Board has supplemented the General Secretary's unique ability in financing and developing such a project. From modest beginnings it has grown into a Fresh Air Camp in a class entirely by itself. In 1938 it provided a holiday for 5,664 mothers and children. It is a development of surpassing beauty, and it represents a capital investment of \$311,508.72 in buildings and recreation facilities dotted over 274½ acres of land.

One would fain describe later developments of the clothing and occupational centre, group work and other interesting progress, but of these and other matters you may learn at length from the pamphlet "After Twenty Years". Perhaps the genius of the whole enterprise can best be summed up by quoting a paragraph from Mr. Stapleford's introduction to this booklet:

"An organization has a continuing life. The individual falters and falls by the wayside, but the work of an organization goes on. Anyone who has had a hand in the strengthening and building up of the Neighborhood Workers' Association's capacity to serve has, then, done something of permanent value. An organization is merely a means to an end, but the end cannot be attained without organization. Behind the Neighborhood Workers' Association lies the sympathy and willingness to give and serve of many people. These are the life giving waters, and the Association is the conduit through which they flow."

A.E.P.

Appointed to Victoria Family Agency

MISS DOROTHY YATES of Toronto has been appointed General Secretary of the Family Welfare Association of Greater Victoria and will take up her new position October the first according to an announcement just received. Miss Yates succeeds Miss Lavinia McLaughlin who has been on the Agency staff since 1936, and General Secretary since August, 1937. Before entering social work Miss McLaughlin was a hospital dietitian for six years; then she took her social service course at the University of British Columbia in 1934-35 and worked for a time with the Family Welfare Bureau in Vancouver before going to Victoria in August, 1936. Miss McLaughlin leaves her post at the end of this month to be married.

Miss Yates took her social service training at the Department of Social Science, University of Toronto, and has been since 1937 field worker and, in the past few months, Intake Officer for the Protestant Children's Home, Toronto. From 1927 to 1931 she spent her summers at Bolton Camp of the Neighborhood Workers' Association of Toronto, and then successively she served as field worker in the Infants Home of Toronto, 1932-34, District Visitor, Family Welfare Association of Montreal, 1934-35, District Assistant with the same Agency, 1935-37, and in her post with the Protestant Children's Home since 1937. M.B.

New Appointments in Regina and Hamilton

Just as this Bulletin was going to press the news was received of the appointment of Miss Enna Heise at present on the staff of the York County (Ontario) Children's Aid Society, as Executive Director of the Regina Welfare Bureau. Miss Heise will take up her new work October fifteenth.

Miss Heise succeeds Miss Anna Faust who resigned last April to pursue further training and who has recently been appointed Executive Secretary of the Samaritan Club of Hamilton. Mrs. W. A. Doyle of Regina, who was engaged in social work before her marriage, has been carrying on the work in Regina in the intervening months. Miss Heise has also served on the staffs of the Infants Home and Children's Aid Society in Toronto, and also on the Ontario provincial public welfare staff operating in the field of relief administration.

Public Welfare Services

Canada's Unemployment Problem

Canada's Unemployment Problem, the first of the studies of the Institute of Public Affairs of Dalhousie University, has been published by the MacMillan Company of Canada—a book of 414 pages, price \$2.50.

THE BOOK was edited by Dr. L. Richter, Professor and Secretary of the Institute of Public Affairs of Dalhousie University, and is comprised of a group of monographs contributed by Dr. L. Richter, Dr. S. A. Saunders of Toronto, author of "The Economic Welfare of the Maritime Provinces" and co-author of "The Modern World"; Miss Dorothy King, Director of the Montreal School of Social Work; H. A. Weir, School Inspector with the Nova Scotia Department of Education; W. L. Jacobson, Secretary of the Advisory Committee on Land Utilization and Water Development, Prairie Farm Rehabilitation Office, Regina; W. M. Jones, Director of Soldier Settlement for the Dominion Government; A. MacNamara, Deputy Minister of Public Works and Labour for the Province of Manitoba; Dr. H. M. Cassidy, formerly Director of Social Welfare for the Province of British Columbia, and Miss Charlotte Whitton, Executive Director of the Canadian Welfare Council. The Canadian Welfare Council also contributed advisory help in the planning of the study and assisted with data from its library and information files.

The purpose of the study is defined as follows in the introduction to the book:

"The unemployment problem has been so much in the political discussion that for the interested citizen, who cannot make a special study of the question, it has become difficult to form an impartial opinion. To furnish him with the necessary information, to give him facts and figures essential to the understanding of Canada's unemployment problem, to analyse these facts, to acquaint him with the measures



taken to relieve distress, and the results obtained in these efforts, is the purpose of this study."

The monographs comprising the volume are as follows:

"Nature and Extent of Unemployment in Canada"—S. A. Saunders.

"Unemployment Aid (Direct Relief)"—Dorothy King.

"Unemployed Youth"—H. A. Weir.

"Relief and Other Social Services for Transients"—H. M. Cassidy.

"Prairie Relief and Rehabilitation"—W. L. Jacobson.

"Relief Land Settlement"—W. M. Jones.

"Public Works as a Relief Measure"—A. MacNamara.

"The Canadian Unemployment Problem in the Light of Foreign Experience"—L. Richter.

"What of the Future?"—Charlotte Whitton.

M.B.

Garden Settlement Scheme for Ontario Veterans

THE FIRST REPORT of the Garden Land Settlement Scheme established by the Ontario Soldiers' Aid Commission in 1937 is contained in the report of the provincial Minister of Public Welfare for 1937-8, just recently distributed. The plan was established for veterans and their families who had been unemployed and on relief, with the object of re-establishment on a self-supporting basis.

A suitable "muck soil" area was purchased in the Barrie district and surveyed into allotments of approximately seven acres each. Farm-houses on the properties have been, or are being, rehabilitated and new cottages constructed where needed. A small group of families, with some forty children included in their numbers, was selected for this experiment. A student of Ontario Agricultural College with previous truck gardening experience was appointed to assist the settlers in crop selection, planting and cultivation, and the first year's results proved encouraging—producing both cash returns and winter vegetable needs. Improvement in the health of the children was noticeable in the course of the year. It has been arranged for these children to attend school in Barrie and a school bus provided by the Department of Education has solved the transportation problem.

M.B.

COMMUNITY ORGANIZATION



Community Fund Authority and Responsibility

“COMMUNITY FUNDS have spread the base of social work support; they have increased the number of givers in the community; and they have been responsible for an increase in the dollars given to social work. Whether the agencies on an individual basis could have done the same it is difficult to say, but the fact remains that community-wide support of social work came into being with the establishment of Community Funds. This would seem to put upon the Funds some obligations and responsibility, and with these would seem to go some rights. To exercise these rights most wisely and judiciously, Community Funds are promoting to an increasing degree instruments for reshaping, revising, and planning social services on the basis of combined thinking of those most actively interested in social work, so that out of it all may come a rational scheme most effective for the community and, at the same time, reflecting as far as possible the thought and the ideas of those who are carrying on social work. . . . The Board of Directors, to whom is delegated the authority of administering the Fund, of carrying out its purposes, finds itself responsible in a situation which is unlike that of boards of directors in the same corporate bodies of business and industry.

“There is great responsibility and seemingly commensurate authority but in reality the board is the servant of a co-operative corporate body federated on a voluntary basis for stated purposes. Because of innumerable practical consideration, the authority of the board is diluted while the responsibility remains heavy. The board feels itself responsible to the public as a whole—and rightly so. It gets its authority from a co-operative body, which in its unity is responsible to the community as a whole for carrying out a stated co-ordinated programme for the community. Therefore, if the board is to exercise its authority effectively, and in keeping with its responsibility, the body from which the board receives its status must actually feel the same community-wide responsibility which the board feels. . . . All of the agencies individually and collectively must feel that community

responsibility, and this being a collective federation, the building up of such feeling . . . must of necessity be carried on through long processes of negotiations, conferences, discussions—finally, compromises. . . .

“The executive staff being employees of the board, are subject to even greater limitations of authority in relationship to the responsibility carried, in relationship to the expected accomplishments and results by the executive staff. This applies not only to accomplishments expected by the board but accomplishments expected by the public, to say nothing of the expectations of the agencies. In such a voluntary federation, supported by voluntary contributions by large numbers of people, the executive staff of a Fund must show tangible progress and at the same time a balanced relationship with the agencies, with the contributors, and with the board in situations where there is frequently and may be even more frequently conflicts of interest.”

—COMMUNITY SURVEY OF SOCIAL AND HEALTH WORK IN MINNEAPOLIS

Measuring Social Breakdown

THE WELFARE agencies of Stamford, Connecticut have embarked on an experiment with the ambitious aim of providing “an objective measurement of social need” for the community, and the plan is given a clear and intensely interesting presentation in a new publication of Community Chests and Councils, Inc., New York—“Social Breakdown”, price \$1.00.

Utilizing certain categories of “official breakdown” — crime, delinquency, mental disease, divorce, unemployability, neglect, and mental deficiency,—which may be measured from official statistics, the plan records the number of families who are “recidivist”, or suffering first breakdown under each of these categories and in the combined list, and attempts to focus attention on those “trouble families” who contribute so largely to the burden of the welfare agencies.

The record is but the first step, and the Stamford agencies have set up a co-ordinating bureau to maintain a continuous registration and provide for a commonly planned attack on the problems of individual cases as they make their official appearance in one of the categories mentioned, with assignment of the case to an individual worker or agency by agreement, but with periodic case discussions to follow and plan treatment as needed.

Stamford’s experiment has been initiated following a community survey and is still in an early stage where evaluation is not possible but it presents challenging possibilities and many other cities will watch its progress with the deepest interest.

M.B.

Les Oeuvres de Charité Canadiennes-françaises



WITH THE FRENCH-SPEAKING SERVICES

Les Unités Sanitaires de la Province de Québec

DOCTEUR JEAN GREGOIRE

Sous-Ministre, Ministère de la Santé, Québec

LA SANTÉ PUBLIQUE, la conservation et l'accroissement du capital humain préoccupent aujourd'hui toutes les nations du monde. L'individu en bonne santé est pour son pays plus qu'un actif matériel. Il constitue un avoir moral et spirituel pour la communauté. Si l'intelligence et la vertu peuvent se rencontrer chez des sujets malades, il est indiscutable que ces qualités sont susceptibles d'un plus grand épanouissement, chez l'individu en santé. Le vieil adage des peuples de l'antiquité "un esprit sain dans un corps sain" reste toujours vrai. Voilà pourquoi tous les gouvernements du monde ont créé des organismes spécialement chargés de la surveillance de la santé publique dans les territoires soumis à leur juridiction.

Dans notre province, c'est aux Unités sanitaires qu'on a confié cette mission. Il est important que vous connaissiez tous les services que les Unités sanitaires peuvent vous rendre. Disons immédiatement, afin d'éviter tout équivoque, que les Unités sanitaires ne sont pas des centres de traitement médical où l'on distribue des médicaments. Le médecin, les infirmières, l'inspecteur qui forment le personnel de l'unité sanitaire, se tiennent à votre disposition, afin de vous aider par de sages conseils à prévenir la maladie et vous conserver en bonne santé. Tous parcourent le comté qui leur est confié, vont dans toutes les paroisses, voire dans les rangs les plus éloignés, porter l'évangile de l'hygiène dans les écoles et même dans tous les foyers.

Rôle de l'inspecteur sanitaire

L'inspecteur sanitaire est spécialement chargé de la surveillance de l'eau que vous buvez, du lait et des viandes que vous consommez.

Avez-vous des doutes sur la qualité de l'eau qui alimente votre foyer? Consultez l'inspecteur sanitaire. Il ne vous en coûtera pas un sou. Peut-être que votre source est mal captée ou qu'elle est contaminée par des eaux de surface ou encore par un puisard défectueux dans les environs. L'analyse que l'inspecteur fera faire de votre eau à nos laboratoires ne vous coûte rien. Les conseils qu'il vous donnera sur la façon d'améliorer votre puits et sur la manière de disposer des eaux ménagères sont également gratuits. Si vous suivez ses avis, vous pourrez très souvent éviter des maladies graves, souvent mortelles, transmises par l'eau, telles que la typhoïde et les gastro-entérites.

Assurez-vous également que le lait que vous buvez est de bonne qualité. Faites-en faire l'analyse régulièrement par l'inspecteur de votre Unité. Consultez celui-ci sur la façon de produire du lait sain, sur la méthode à prendre pour en éviter la contamination en le manipulant. Plus de 2,000 bébés de moins d'un an meurent chaque année dans notre province pour avoir bu du lait impropre à la consommation. Dans les villes, le problème du lait est en partie résolu par la pasteurisation, mais il n'en est pas ainsi dans les campagnes. Le lait dans nos régions rurales, tue plus de bébés que toutes les maladies contagieuses réunies. C'est également le rôle de l'inspecteur de surveiller, à périodes fixes, la propreté dans les boulangeries, les restaurants, les boucheries, les abattoirs, les épiceries, les salons de coiffure, les écoles et tous les édifices publics. Aidez-le dans sa tâche en vous conformant à ses avis et en rapportant au bureau de l'Unité sanitaire tout manquement à l'hygiène que vous constateriez dans ces divers établissements.

Rôle de l'infirmière

La visiteuse d'hygiène, la garde ou la nurse, comme l'appellent nos gens, accomplit le rôle le plus efficace qui soit au point de vue de l'éducation. Dans ses conférences maternelles, les leçons qu'elle donne sur les principes d'hygiène prénatale et postnatale ont une valeur inestimable. Chaque année dans notre province plus de 400 mamans perdent la vie à la naissance de leur enfant, faute de connaissances élémentaires en matière de médecine préventive. Jeunes épousées qui craignez l'époque de vos couches, allez chercher à la conférence de la garde-malade les conseils qui vous assureront confiance et sécurité. Celle-ci vous enseignera le régime alimentaire à suivre durant la période prénatale, les exercices que vous pourrez prendre, les vêtements que vous devrez porter. La garde-malade vous dira toujours d'aller consulter votre médecin de famille, surtout si elle constate chez vous les symptômes prémonitoires de désordres sérieux.

La visiteuse d'hygiène vous apprendra ces mille et un petits détails sur la façon d'alimenter votre bébé, de le baigner, de l'habiller, le danger des tétines ou sucres, celui des bouteilles mal stérilisées, la façon

dont il faut exposer votre enfant à l'air et au soleil, les abus que vous devez éviter dans l'usage des calmants. Si vous suivez ses avis, la croissance de votre enfant sera normale; il ne vous causera aucun ennui. Vos efforts seront largement compensés par le plaisir que vous éprouverez à constater la bonne santé de votre enfant.

En visitant tous les foyers, l'infirmière se fait une messagère de bonheur. A l'examen de vos enfants, elle découvrira très souvent chez eux des désordres physiques qu'elle vous demandera d'aller faire corriger chez votre médecin de famille. Si vous suivez ses conseils, vous préviendrez très souvent un arrêt de croissance chez vos enfants et des désordres mentaux parfois sérieux. Les amygdales, les végétations adénoïdes, la carie dentaire sont des défauts que l'infirmière vous demandera de faire disparaître. Si ces défauts sont susceptibles d'engendrer parfois des maladies sérieuses, ils sont toujours une entrave à l'évolution physique et intellectuelle de l'enfant. La garde-malade vous enseignera également de quelle manière prendre soin d'un malade, surtout d'un malade qui souffre de maladie contagieuse, telle que la typhoïde, la tuberculose, la scarlatine, la diphtérie, la rougeole, de façon à empêcher que ces maladies soient transmises à d'autres membres de votre famille. Très souvent l'infirmière préviendra des épidémies par le dépistage d'une contagion à l'école. La visite des classes, l'examen des enfants, la conférence qui suit cette inspection est une autre activité de l'infirmière dans les régions rurales, en plus de la visite régulière qu'elle fait à tous les tuberculeux qui font de la cure à domicile.

Nous laissons de côté les milliers de publications que la visiteuse d'hygiène distribue à toute la population sur différents sujets de médecine préventive. Vous avez là ce que l'infirmière accomplit pour le bénéfice de nos populations rurales.

Le Ministère de la Santé, dans le but d'enrayer la tuberculose par un dépistage précoce de cette maladie, a retenu les services de dix spécialistes dans les maladies du poumon. Ces médecins tiennent des cliniques dans toutes les paroisses des comtés organisés en Unités sanitaires. Ils sont munis d'un appareil à Rayons-X portable, afin de pouvoir, dans les cas douteux, confirmer un diagnostic de tuberculose pulmonaire. Vous pouvez vous faire examiner gratuitement à ces cliniques. Si vous croyez être atteint de vos poumons, ne manquez pas d'aller les consulter lorsqu'ils passent dans votre paroisse. L'an dernier, ces dix médecins ont découvert plus de 3,000 cas de tuberculose.

Rôle du médecin-hygiéniste

Mais l'âme de l'Unité sanitaire est évidemment le directeur qui en a la charge. C'est lui qui a la responsabilité de faire observer la Loi et les règlements de l'hygiène dans votre comté. Il doit tenir des cliniques

de bébés régulièrement dans toutes les municipalités de son comté, faire des séances de vaccination et d'immunisation contre la diphtérie. Faites-vous un devoir d'assister à ces cliniques. Vos enfants y seront pesés et examinés et le médecin vous donnera les conseils appropriés. Ne manquez pas non plus de conduire vos enfants aux séances d'immunisation contre la diphtérie. Les cas de mortalité par cette maladie sont encore trop nombreux. Tout ce travail du personnel de l'Unité sanitaire est fait gratuitement, durant 365 jours par année. De plus, le médecin de l'Unité sanitaire distribue gratuitement à la profession médicale le sérum contre la diphtérie, le sérum contre la paralysie infantile et un certain nombre de vaccins, dont la valeur scientifique est parfaitement établie. Les conférences qu'il fait partout, les brochures qu'il distribue à profusion, vous permettent si vous voulez y mettre un peu de bonne volonté, de vous instruire sur la façon de vous conserver en santé.

Voilà, résumés bien succinctement, les avantages que les Unités sanitaires offrent à nos populations rurales. Pour ne citer que quelques chiffres, l'an dernier, les médecins des Unités sanitaires ont vacciné plus de 25,000 enfants contre la variole; ils ont immunisé plus de 30,000 enfants contre la diphtérie; ils ont tenu 5,000 cliniques de bébés où ils ont examiné plus de 120,000 enfants. Les infirmières ont fait plus de 230,000 visites aux bébés et aux préscolaires et plus de 10,000 aux tuberculeux. Nos cliniciens en tuberculose ont examiné au delà de 25,000 personnes dont 3,000, ainsi que nous l'avons dit, étaient tuberculeuses. Les inspecteurs sanitaires ont fait plus de 60,000 inspections de toutes sortes et nos laboratoires ont analysé plus de 200,000 échantillons bactériologiques.

Ces quelques chiffres, puisés dans le dernier rapport du Ministère de la Santé, sont assez éloquentes et vous diront les services appréciables que les Unités sanitaires procurent à la population de nos campagnes.

News from the National Federation of
Kindergarten, Nursery School and
Kindergarten-Primary Teachers

CALLING on the members of
Federation from all points
in Canada to meet together in
Toronto on Saturday, October
the twenty-first for the Biennial
Convention of nineteen
thirty-nine.

Why Do We Go to Conventions?

SOME SAY it is a pleasant way to learn new facts, others to find an answer to their problems. Some go hoping for a good argument. Many return disappointed. In one day new facts cannot be presented for some hundreds of persons, nor can all their problems be solved, neither can some hundred arguments be staged.

But there is one objective—a need which we more often feel than voice—which every convention can meet for every single person—a need to slip away for a day from the routine of living, to have a glimpse at new places and faces or perchance at familiar haunts and acquaintances of the past—and to talk “shop” freely.

The programme of our convention promises you just this—a place to chat comfortably, an opportunity to meet those having interests similar to one's own over a luncheon board, visits about town to find out what others are doing, a chance to listen and to participate, a chance to learn practical things and to demonstrate, and finally the grand windup—a reception, a festive dinner and delightful entertainment. Our speaker is Margaret Lawrence.

—In short a day without responsibilities and worth while.

THE EXECUTIVE FEEL A GREAT LOSS WITH THE
DEATH OF MARIAN CHARLES OF TORONTO, THE
EXECUTIVE SECRETARY OF THE FEDERATION.

NOTICE

In future will all correspondence please be addressed to the chairman—

MISS DOROTHY MILLICHAMP,

96 ST. GEORGE STREET,

TORONTO, ONTARIO.



Canadian Welfare Council

Founded in Ottawa, in 1920, as the result of a National Conference of Child Welfare Workers, organized by the Child Welfare Division, Dominion Department of Health.
COUNCIL HOUSE, 248 COOPER ST., OTTAWA, CANADA.

OBJECT

- (1) To create throughout the Dominion of Canada an informed public opinion on problems in the field of social welfare.
- (2) To assist in the promotion of standards and services which are based on scientific principles and which have been proved effective in practical experience.

METHODS

- (1) The preparation and publication of literature, arrangement of lectures, addresses, radio and film material, etc., and general educational propaganda in social welfare.
- (2) Conferences. (3) Field Studies and Surveys. (4) Research.

MEMBERSHIP

The membership shall be of two groups, organization and individual.
(1) Organization membership shall be open to any organization, institution or group having the program of Canadian Social Welfare wholly or in part included in their program, articles of incorporation, or other statement of incorporation.

(2) Individual membership shall be open to any individual interested in or engaged in welfare work, upon payment of the fee, whether that individual is in work, under any government in Canada, or not.

FEES

1. Sustaining Members..... Annual Fee, \$50.00 — Representatives: 3
2. National Organizations..... Annual Fee, \$5.00 — Representatives: 2
3. Provincial Organizations..... Annual Fee, \$4.00 — Representatives: 2
4. Municipal Organizations..... Annual Fee, \$3.00 — Representatives: 1
5. Individual Members..... Annual Fee, \$1.00 — Representatives: 1
6. Annual Non-Member subscription—The WELFARE Summary..... \$1.50

In electing the Governing Board and the Executive, all members will be grouped according to their registration by the Treasurer.

Every member will receive a copy of the proceedings of the Annual Conference and such other publications as may be published from time to time.

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